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# Children's responses to the loss of a parent : the interaction between the family and the intrapsychic mourning process.

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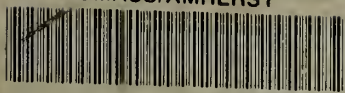
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CHILDREN'S RESPONSES TO THE LOSS OF A PARENT:  
THE INTERACTION BETWEEN THE FAMILY AND  
THE INTRAPSYCHIC MOURNING PROCESS

A Dissertation Presented

By

Claudia J. Kaplan

Submitted to the Graduate School of the  
University of Massachusetts in partial fulfillment  
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 1986

Department of Psychology

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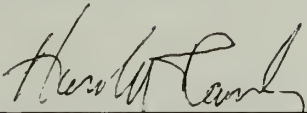
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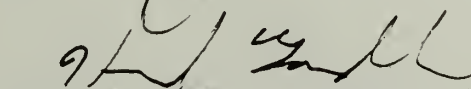
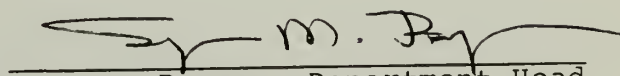
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Psychology Department

To my father

## ACKNOWLEDGEMENTS

Among the members of my committee are three people whose support and teaching have been indispensable to me in my graduate studies. Dr. Harold Raush, my committee chair, has consistently encouraged me to develop my own ideas, and has responded to those ideas with unfailing enthusiasm and with comments and suggestions that have greatly expanded my range of thinking about clinical investigation. He, more than anyone, has taught me how to integrate clinical thinking and research. Dr. Harold Jarmon has guided my clinical training and my acquisition of the theoretical perspective that informs both my research and my clinical work. His influence, both as a clinical supervisor and a research advisor, has helped me to shape my professional identity. Dr. Howard Gadlin, as a member of my committee and a teacher of several courses, has helped me to discipline my thinking, and to greatly increase my critical and creative capacities. His unique perspectives on scientific investigation in general and graduate studies in particular have been invaluable to me.

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have added tremendously to our discussions of the investigation, and have helped to keep my enthusiasm for this work fresh.

All four of the members of this committee are irreplaceable friends, who have helped me to weather my disappointments and celebrate my achievements. I am very grateful to all of them.

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## ABSTRACT

CHILDREN'S RESPONSES TO THE LOSS OF A PARENT:

THE INTERACTION BETWEEN THE FAMILY AND

THE INTRAPSYCHIC MOURNING PROCESS

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While many investigators have studied the responses of children to the death of a parent, few have addressed the ways in which the family functions as a context for the loss and affects the responses of the individuals within it. This study examined the interaction between family styles, relationships, and patterns of behavior, and children's intrapsychic adaptations to the loss of a parent.

The participants were eight families in which a parent had died. Data were collected through a series of interviews with each family: one with the family as a group, one with the surviving parent, and one with each child in the family. The research was exploratory in

nature, and the data analysis was qualitative, with an emphasis on psychodynamic theory.

The nature of the dyadic relationships in the family was shown to have a striking effect on children's adaptation to loss. In particular, highly ambivalent relationships with the parent who died and/or the surviving parent tended to limit children's abilities to adapt to the loss. Children who had constructed their identities to meet the needs of either parent showed the most impairment in adaptation. Further, the nature of the family affected children's responses to loss, with those families who were unable to communicate openly about the death, unable to change flexibly in response to altered circumstances, and who tended to split ambivalent feelings between the two parents, having the most problematic effects. It was suggested that those families in which the above qualities existed were also those in which one or another parent pressured children to feel and behave in ways that would foster the parent's security and self-esteem.

In those families in which the surviving parent appreciated his or her children as individuals and acted so as to foster independent growth and ultimate separation from the family, the children's adaptations tended to have progressed well.

Finally, further areas for productive research into family responses to loss were suggested, and the

implications of such research for clinical work with those who have experienced loss were considered.

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## CHAPTER I

### MOURNING IN INDIVIDUALS AND FAMILIES

Investigations of reactions to object loss have centered mainly on individual intrapsychic processes of mourning. While these investigations are extremely important for their illumination of the disorganization, consequent panic, and eventual reconstruction of the internal world that characterize the work of mourning (Freud, 1917; Bowlby, 1961; Pollock, 1961), they generally omit a crucial factor that determines, in part, the individual's ability to mourn. This factor is the environmental context in which the loss occurs, a context which may provide either detriments or supports to the difficult work of adapting to loss. The most important contextual framework for the individual is the family, and the most important contextual framework for the family is the larger society that surrounds it.

Following is a preliminary examination of the interaction between larger social systems and intrapsychic responses to loss. Specifically, the intrapsychic process of mourning will be characterized, followed by a review of



the effects of modern, industrialized society on family responses to death. Additionally, the effects of the response of the family system on the intrapsychic mourning processes of the individuals within it will be considered. Because this study is intended to provide a basis for research in the area of children's and adolescents' responses to the death of a parent, emphasis will be on how family responses affect children's and adolescents' abilities to mourn the loss of a parent.

### Processes of Mourning

The process of mourning the death of a loved one has generally been seen as a slow, gradual, and intensely painful adaptation to life without the lost person. More specifically, since the bereaved person's internal and external worlds have been left with significant gaps after the death of a loved one, he or she is faced with the necessity of reorganizing these worlds to compensate for the changes that occur as a result of the loss.

Freud (1917) saw the work of mourning basically as a process of reality testing. When the loved person dies, the bereaved is repeatedly forced to recognize that the object of his or her attachments no longer exists:

. . . Each single one of the memories and hopes which bound the libido to the object is brought up and hypercathected, and the detachment

of the libido from it is accomplished (p. 126).

Freud notes that the attempt to detach the libido from the lost person constitutes an intense struggle, since "man never willingly abandons a libido-position" (p. 126). In fact, the accomplishment of this detachment can be so difficult that it may entail a temporary turning away from the reality of the world without the dead love object, and the bereaved may cling to the dead through hallucinations or fantasy processes. This mourning process normally is accompanied by intense pain; Freud, in fact, notes that it is remarkable that any process entailing such pain should be considered normal, and yet the pain of mourning "seems natural to us" (p. 126).

For Freud, then, the process of mourning is one of painful detachment from a lost loved object, characterized by extreme pain, loss of interest in any part of the outside world that does not contain memories of the dead person, inability to transfer attachment to new objects, and inhibition of all activities that are not somehow connected with the memories of the dead person. When the work of mourning is completed, however, the energies of the bereaved person are successfully detached from the lost object and are free to become attached to other objects. This ability to become attached to new objects is, according to Freud, the signal of the successful resolution

of mourning.

Melanie Klein (1940), agrees with Freud's basic premise that the most important part of the work of mourning is a process of reality testing. However, in Klein's theory, mourning constitutes a reactivation of the depressive position, a stage of infancy during which the child begins to learn to tolerate ambivalent feelings. Basically, Klein feels that the working through of the depressive position in infancy is a crucial part of development, and a prerequisite to healthy mourning later in life. Because the infant, to develop a healthy ego, must feel secure in the goodness of itself, its caretakers and the world around it, infants "split" their negative feelings about their loved ones from their positive feelings. By doing this, they maintain an internal ideal of the mother, father, and other important figures in their lives. However, the split-off bad feelings about these people are maintained internally as angry, retaliating figures who are angry with the infant for its destructive fantasies about them. To develop beyond this phase, during which the idealized good objects protect the infant from the retaliatory bad objects in its internal world, the infant must learn to tolerate both loving and hostile feelings towards others (particularly towards the mother) at the same time. And to do this, the infant must carry

out a process of reality testing: the infant constantly compares the good and bad internalized objects to the real objects in the external world. The fact that the mother and other important figures remain consistent in the external world, and are not in reality destroyed by its hostile fantasies, help the infant to accept and integrate its bad feelings, while still maintaining a basic belief in the goodness of itself and others. The reason Klein characterizes this process as one of mourning is that to resolve the depressive position the infant must give up its internalized ideal of its mother, and this is a very painful process involving "pining" for the lost ideal.

Klein believes that when a loved object is lost later in life, the infantile depressive position is reactivated. When a "good object" is lost in the external world, the bereaved person feels that his or her internal good objects are lost as well, and thus, once again fears the power and domination of the internal "bad" objects. Specifically, the painful feeling of being robbed that is activated when a loved person dies reawakens fears of the persecuting bad parents who are retaliating against the child for its aggressive and destructive fantasies. Further, the mourner feels guilt and remorse for these fantasies, and feels that he or she destroyed (killed) the lost object. Thus, the mourner must struggle to reinstate



the good internal objects threatened by the loss:

Just as the young child passing through the depressive position is struggling, in his unconscious mind, with the task of establishing and integrating his inner world, so the mourner goes through the pain of re-establishing and reintegrating it (p. 354).

The mourner experiences hatred for the lost loved person and a fear that in dying the lost one was behaving in a retaliating and punishing way. It is necessary for the mourner, just as it is necessary for the young child, to live through a period of reality testing not only to re-establish links with the external world (and thus continually re-experience the loss, which in part accounts for the extreme pain of mourning), but also to gradually rebuild the inner world, which is terrifyingly disorganized by the loss of the internal good objects.

. . . Only gradually, by regaining trust in external objects and values of various kinds, is the normal mourner able once more to strengthen his confidence in the lost loved person. Then he can again bear to realize that this object was not perfect, and yet not lose trust and love for him, nor fear his revenge. When this stage is reached, important steps in the work of mourning and towards overcoming it have been made (p. 355).

In summary, for Klein the process of mourning consists of a gradual reconciliation of the extreme negative and positive images of the loved person, which

arise as a result of the reactivation of the infantile depressive position. She attributes the pain of mourning to "pining" for the lost, idealized object.

Bowlby (1961) introduced the idea that mourning, while it does entail changes in intrapsychic structure, can be more clearly understood in the context of modern biological theory. Bowlby draws both on ethological studies and on observations of children and their responses to separation from their parents to clarify his view of what pattern the phases of mourning follow and what functions they serve. He notes that many children pass through three phases in response to loss: protest, despair, and detachment. The pattern of response is as follows: the bereaved first feels disbelief that the loved person is gone and continues to behave as if he or she were still present. Part of this behavior consists of crying and of anger--both responses which would serve, in an infant whose mother has temporarily left, to bring her back. The angry component of the response, Bowlby feels, accounts for the very common observation that recently bereaved people display anger at the lost loved person, and at themselves, as well as at others in the environment. The anger indicates that the mourner has not yet accepted the loss, since he or she is still behaving in such a way as to bring the lost one back.

When the mourner begins to accept that the loss is final, hope disappears and is replaced by despair, a subjectively painful state of disorganization which Bowlby feels is necessary before reorganization and attachment to new objects can take place. Finally, the bereaved person's emotional responses are detached from the dead, and can be directed elsewhere.

Pollock (1961), like Bowlby, sees mourning as a gradual, sequential process geared toward adaptation to life without the lost love object. He looks at mourning, as does Bowlby, in the greater context of evolution. In evolutionary terms, Pollock considers intrapsychic processes to be the result of an increasing internalization of vital functions, ultimately geared toward an organism's achievement of greater independence from its external environment. He feels that organisms strive to maintain internal constancy in their intrapsychic realms, just as they do in the physiological realm. Mourning, then, is the organism's attempt to reattain internal constancy after the intrapsychic structures have been seriously disorganized by a major loss in the external environment.

Pollock feels that the immediate reaction to loss is panic, due to the sudden disruption of psychological homeostasis when the bereaved person first becomes aware that the loved one no longer exists. The shock phase is

followed by a grief reaction, marked by despair and sorrow, somatic symptoms, spasmodic crying, and intense psychic pain. When the bereaved begins to acknowledge the loss as a reality, anxiety and anger emerge, which master the intense panic and grief of the earlier phase. During the final phase of mourning, the loss is gradually accepted and a lasting adaptation begins. Pollock believes that this occurs when the mourner identifies with selected, valued facets of the lost object, and no longer seeks the object in the external environment.

Volkan (1981) agrees that the adaptation to loss occurs as a result of the mourner's selective identification with valued aspects of the dead person. Thus, in the ultimate resolution of the loss, the mourner's own ego is enriched, since it has now assimilated loved and valued aspects of the dead person; in the experience of the bereaved, these qualities will henceforth be perceived as part of the self.

Joffe and Sandler (1965) explain processes of mourning in slightly different terms. In their theory, an individual's sense of well-being is based on what they term "an ideal state of the self." This state is based on feelings of safety and security, which in infancy are related to the mother's presence and adaptation to her infant, and the consequent potential for drive discharge

and the corresponding release of tension associated with it. Later, however, this ideal state of well-being has more to do with ego functioning, in that it depends not on drive discharge but on relationships with others and the ways in which those relationships help the individual create and maintain a self-representation--an internalized idea of one's own identity. This occurs only after the child has reached the stage of object constancy, in which he or she is able to perceive other people as separate from the self, and having separate characteristics from the self. In Joffe and Sandler's view, the sense of identity that the child develops throughout maturation is partly dependent on seeing itself in relation to other people:

One might say that for the representation of every love object there is a part of the self-representation which is complementary to it, i.e., the part which reflects the relation to the object, and which constitutes the link between self and object. We can refer to this as the object-complementary aspect of the self representation (p. 399).

Thus, when faced with the death of a loved person, the bereaved not only loses the other person, but also a part of the self. The state of well-being that was based on the existence of a satisfying self-representation is severely diminished, and the pain of loss ensues:



When a love object is lost, we not only have the loss of the object in its own right, but also the loss of the object-complementary aspect of the self and the affective state of well-being which is intimately bound up with it. In such a state of object loss, the affective value cathexis of the object is greatly increased, and attention is focused almost exclusively on the object because it is the key to the reattainment of the lost state of the self (p. 399).

Joffe and Sandler believe that this pain occurs not only in response to actual object loss, but any time in which there is a discrepancy between the ideal state of the self (based partly on the presence of loved others), and the conditions that actually exist in the external world. To adjust adaptively to this discrepancy and its consequent pain, Joffe and Sandler propose that a person must give up the possibility of reattaining the lost state of well-being, and pursue new ideal states that are more attainable given the realities present in the external world. They refer to this process as "individuation."

Although they do not state this directly, it is reasonable to infer from their theory that in the case of object loss, a successful process of individuation would in part consist of relinquishing the lost object and the complementary aspect of the self-representation associated with it, finding new objects, and developing new aspects of the self that are complementary to those new objects. This is analagous to the ideas presented by other theorists about relinquishing of the love object and attachment to



new objects, except that Joffe and Sandler conceive of this process in terms of an individual's mental representations of self and others--their ideas about self and others and the affects associated with those ideas--rather than in terms of drive states and the tensions associated with them, which underlie the theories of Freud, Pollack and Bowlby.

### Pathological Mourning

When the gradual process of detachment from the loved object that is necessary for the successful resolution of mourning does not take place, a process of pathological mourning is often activated instead (Freud, 1917; Deutsch, 1937; Klein, 1940; Bowlby, 1961; Volkan, 1981). This pathological process is the result of the bereaved person's inability to accept the loss and achieve reorganization of the internal object world, and it can result in overt and sometimes severe psychological problems (Parkes, 1965; Volkan, 1972; Birtchnell, 1975).

Most descriptions of pathological mourning have a major basic factor in common: almost all attribute the pathology in the process to an obstruction or diversion of the mourning work. Thus, the work may be held up at a number of different phases, as evidenced by different pathological signs, or may never be initiated; or, the

feelings that must be experienced in relation to the lost object and its role in the mourner's life may be displaced onto other objects or onto the self.

Freud, in "Mourning and Melancholia" (1917), attempts to explain depression by likening it to a pathological mourning process, in which the mourner is unable to relinquish the lost object. To avoid relinquishing it, the bereaved identifies with the object instead: the bereaved takes the libido, hitherto attached to the loved object, into his or her own ego; consequently, the anger and hatred felt for the disappointing, abandoning object are now directed at the self, and this accounts for the self-vilification often observed in depression. The actual loss of a loved object, as in the case of the death of a loved person, has a tendency to bring the ambivalence in the relationship to the fore. This causes the bereaved to feel that he or she desired the death of the loved one and is, therefore, responsible for it. Freud believed that the conflict of ambivalence, magnified by the death of a loved person, leads to states of self-reproach and depression even in normal mourning. However, where there is a "regressive withdrawal of the libido" into the ego (p. 132) as well, as there is in melancholia (and by inference in pathological mourning), a pathological mourning process develops in which identification takes

place with the lost loved object; the hate and love for this object are both directed at the self; the libido once attached to the lost object is now bound up in the ego and is not free to be attached to a new love object; and the bereaved person is thus unable to achieve acceptance and resolution of the loss. The depressive illness, and pathological mourning, develop so as to spare the bereaved the necessity of admitting and expressing hatred for the loved object and thus allowing him or her to preserve the love for it.

In Klein's theory, the unsuccessful resolution of the infantile depressive position predisposes a person to pathological mourning (1940). When a loved person is lost, the extremes of ambivalence experienced during the working through of the depressive position are reactivated and must again be gradually reconciled as they were during infancy. In cases in which this conflict was never successfully resolved in infancy, it is unlikely to be successfully resolved when reactivated later in life.

In infancy, the child's sadistic fantasies of triumph over its bad objects are balanced by the reassuring fact that the real objects in the external world survive, unhurt by the child's aggressive wishes. When a loved person dies, however, it is as if the bereaved person has truly destroyed the lost object, and the consequent

feelings of triumph over this destruction are the occasion for painful feelings of guilt, and shake the bereaved person's faith in his or her good objects. Internally, the dead person becomes a persecuting bad object, because the bereaved fears that the loved person died in order to inflict punishment on him or her. Thus, the mourner must maintain an internal idealization of the dead person, in order to balance the power of the feared persecuting object that the dead person has also become. And, as in the resolution of the depressive position in infancy, the process of reconciling the ideal with the negative image of the dead person is gradual and painful. If the extremes of the ambivalence are not reconciled, and the lost person is maintained alternately as an internal persecuting object and as a glorified ideal, the mourner is unable to extricate him- or herself from the process of mourning.

Bowlby considers the ability to tolerate the depression and disorganization attendant upon a loss a necessary prerequisite to the completion of the mourning process. When this is not the case, individuals become fixated at various phases in the mourning process and continue to act as the particular phase demands without being able to progress to a resolution of the loss. Bowlby feels that if the bereaved person is not able to express both sides of the ambivalence toward a lost object--the

painful yearning and weeping, and the anger and reproach because of the object's desertion--". . . reality testing is more likely to fail and the unrealistic demand for the object's return to live on at an unconscious level" (1963, p. 506). The repression of either the yearning or the anger that follow loss accounts for the fact that pathological mourning persists far longer than normal mourning:

It is when yearning and reproach are not openly expressed toward their appropriate object that they persist. It is as though secretly and unconsciously hope remains that strenuous enough effort to recover the lost object may still succeed and bitter enough reproach against it for deserting may still prevent repetition. Until the effort is made and the reproach expressed, these possibilities remain; and so displaced and unconscious yearning and also angry reproach rumble on over the years, causing misery to everyone in their orbit (p. 512).

In Bowlby's theory, the forms of pathological mourning are similar to mourning that typically occurs in response to a loss in early childhood. And, like Melanie Klein (although his formulations of the mourning processes themselves are very different from hers) he believes that mourning processes that are not successfully resolved in childhood predispose people to pathological mourning when they are faced with loss later in life.

Volkan (1981) speaks of two forms of pathological mourning. One of these is reactive depression, which



consists of a total identification on the part of the bereaved person with the ambivalently related representation of the dead person (p. 66). In uncomplicated mourning, identification with the dead also takes place, but in this case the bereaved selectively identifies with the positive aspects of the dead person, and thus, the ego is enriched. In the case of a pathological reactive depression, the bereaved identifies with the hated aspects of the dead person as well, and thus, the anger and hostility directed at these characteristics is now, as Freud describes in melancholia, directed at the self.

The other type of mourning Volkan identifies as pathological he refers to as "established pathological mourning." In this case, instead of identifying with the dead person, the mourner maintains an internal representation of the dead as an unassimilated introject (p. 84). (In Volkan's description, an identification consists of an assimilation of the qualities of the dead person into the bereaved's own ego, so that these qualities are no longer perceived as separate from the self. An introject, however, is maintained as a separate entity from the bereaved person's self-representation, and is experienced as such subjectively.) The relationship between the bereaved and the introject reproduces the



ambivalence of the original relationship when the person was alive. The mourner struggles between the wish to preserve the introject and thus keep the dead person alive, and the competing wish to "kill" the introject and be free of it.

Thus, pathological mourning can take a number of forms. These may be said to fall into two broad categories: absence or delay of grief, in which the painful mourning process is avoided entirely and obstructs further development; and an exaggerated or prolonged grief reaction in which the mourner is unable to resolve the conflicts of mourning and create attachments to new objects, but instead maintains the dead person through processes of identification or introjection.

As stated in the previous section, Joffe and Sandler believe that when an object is lost successful adaptation occurs through a process of "individuation," in which the bereaved ceases to pursue the lost ideal state of the self associated with the lost love object, and begins to pursue new ideal states compatible with the changed reality of the external world. When this process does not occur, a possible consequence is what Joffe and Sandler refer to as the "depressive response." This is not analagous to the depressive response postulated by Volkan, described above. Rather, it arises from an inability to

tolerate pain, and a consequent dampening of all feeling in response to this intolerance:

The depressive response...represents a capitulation in the face of pain, a capitulation which involves a generalized inhibition of drive and ego functions. While this may blunt the pain and provide time for recovery, it is not aimed at recovery. It may be followed by individuation, but it also may be followed by other defensive measures which do not result in individuation (p. 421).

Joffe and Sandler make no attempt to develop specific theories about pathological mourning. Instead, they address some of the sources of internal pain, and postulate responses to such pain. Like many other theorists (Freud, 1917; Klein, 1940; Bowlby, 1963), Joffe and Sandler identify ambivalence as one of the common sources of internal pain. Thus, although they are not specifically referring to pathological mourning, we can usefully incorporate their ideas into our understanding of what might happen if the bereaved is unable to resolve the ambivalent feelings that many theorists feel arise in response to the death of a loved person. They suggest several consequences in such cases: if the conflict of ambivalence cannot be resolved, the individual might compensate for the pain by idealizing the love object in fantasy, or by blaming an external object (in effect, selecting one or the other side of the ambivalent

feelings), or the individual may become ambivalent towards the self, which is perceived as unsatisfactory because of the state of pain it contains. In Joffe and Sandler's opinion, this latter response is very different from the type of depressive response in which "aggression [is] directed toward the self on the basis of identification with an ambivalently loved object" (p. 413), although this reaction, too, may occur in response to internal pain.

#### How Social Change Has Affected Mourning

A major change in modern times has been the diminishing or disappearance of ritualized religious or social responses to death (Blauner, 1966; Gelcer, 1983). Some theorists have pointed out that in many cultures, the form mourning rituals take directly parallels the aims and stages of the intrapsychic adaptation to loss (Lorand, 1947; Pollock, 1972), and aids in the working through of the mourning process (Gorer, 1965). For instance, Pollock points out that in orthodox Jewish tradition, mourning rituals provide for the phases of shock, extreme pain, and then a gradual reentry into the normal social world. For each phase, the required behavior symbolizes the state of the internal world: total withdrawal from social contact during the first phase, lamenting and weeping during the extreme pain, the gradual acceptance of comfort from family

and neighbors, and after a year, a full entry into the normal requirements of life. This rigidly structured progress through the stages of bereavement externalizes the internal conflicts of mourning, and, Pollock believes, aids in its ultimate resolution. The far-reaching effects of an important loss are indicated in this tradition by the fact that even though reentry into normal life is sanctioned in due course, the bereaved is never free of his or her obligation to remember the dead, which is done in ritualized observances at certain times during the year. Pollock points out that it is not only Judaism which structures adaptation to loss in this way. Many other cultures, some primitive, have prescribed rituals to cope with grief, the fear of the dead returning, and ambivalent feelings about those who have died. But our modern Western culture has almost entirely eschewed mourning rituals, and those who are bereaved have few ways of coping with the painful confusion of feelings which occurs when a loved one dies.

Blauner (1966) points out that the death of an individual, unless that person held an extremely important place, causes very little disruption in a modern, industrialized society with a large population. Thus, the responses to the death of one person are left largely to that person's immediate family and friends. Blauner feels

that this situation has made the successful resolution of mourning particularly difficult in modern society:

. . . the bereaved person suffers from a paucity of ritualistic conventions in the mourning period . . . his emotional involvements are not diffused over an entire community, but are usually concentrated on one or a few people. Since mourning and a sense of loss are not widely shared, as in premodern communities, the individualization and deritualization of bereavement make for serious problems in adjustment. There are many who never fully recover . . . in contrast to the frequently observed capacity of the bereaved in primitive societies to smile, laugh and go about their ordinary pursuits the moment the official mourning period is ended. The lack of conventionalized stages in the mourning process results in an ambiguity as to when the bereaved person has grieved enough and thus can legitimately and guiltlessly feel free for new attachments . . . at the same time death becomes less disruptive to the society, its prospects and consequences become more serious for the bereaved individual (p. 389).

Indeed, our society has not only dispensed with many aids to mourning, in many cases it seems to actively work against adaptation to loss. Merely talking about death and the feelings surrounding it is often discouraged, even sometimes by the helping professionals who attempt to teach people to cope with their reactions. In Bermann's examination of the effects of unacknowledged terror of death in one American family (1973b), he quotes therapy sessions with family members in which the therapists, with the best possible motives, were unconsciously diverting



family members from pursuing death-related topics they were hesitantly and indirectly trying to address. Dickinson and Fritz (1981) reviewed the major texts on marriage and the family, and found that death is a topic rarely addressed in these books. Bermann explains this avoidance by pointing out that in our society we are required to seem impervious to death. Our culture and our technology encourage us to believe that we have achieved mastery over our fates; optimism and unsentimentality are stressed; and any expressions of grief or devastation are often met with unsympathetic or avoidant responses.

When we are faced with illness and death, members of our society often find that the systems geared to handle the pragmatic aspects of terminal illness, funerals and burials, work directly against the experiencing and expression of grief. Hospitals, for instance, are set up to accommodate the needs of the medical staff, and do not allow for the presence of family and friends, or for the encouragement of communication between the dying person and his or her loved ones (Bertman, 1980). The funeral industry is designed to take over the preparation and disposal of the body, and does not allow for the preparation that commonly used to be handled by loving family and friends (Blauner, 1966).

Other factors in modern Western society also work



against the adaptation to loss. Krupp (1965) states that because of the emergence of the relatively isolated nuclear family, we have smaller and less available extended families to share responsibility and offer support when someone dies. There are fewer relatives to assume the role of the deceased. People are encouraged to seek independent lives outside of the family, so that individuals often act in ways that are detrimental to the needs of the family as a group. Paradoxically, at the same time the trend in our society is toward ultimate separation and independence from the family, we also encourage children in an unusually long period of dependence on the parents, and thus children are prey to greater bereavement reactions for a longer period of time.

Vollman, Ganzert, Picher and Williams (1971) point out that not all families incorporate societal values in the same way. They attempt to account for the variety of reactions to death in American families by categorizing the ways in which families fit into the larger social system, and suggesting how those ways might affect adaptation to loss. The most successful families, they feel, are those which are members of cultural subgroups that are closed to the larger society. These families are more likely to have the support of extended family and community. And, because they are closed to values of others than their own

subgroups, they are resistant to the prevailing denial of death. Instead, they maintain their own mourning rituals and religious observances, which allow for the expression and working through of feelings. Another type of family thoroughly accepts the prevailing values of society, as a substitute for an extended family and embracing community. These families are likely to request and accept help from those designated as experts; however, they have trouble acknowledging the emotional impact of loss, and tend instead to deny the seriousness of what has befallen them. Finally, some families are entirely insulated, both from the larger society and from small cultural subgroups. These families are very resistant to help or support from outsiders, and are, the authors feel, most prone to resulting dysfunction after a family member dies. Thus, in the view of Vollman et al., resistance to the prevailing norms of society can signal health or pathology in a family system: health, if the family rejects society's values in favor of those of a smaller cultural subgroup that provides support and ritualized observances; pathology, if the family is totally insulated from the influences of any larger cultural group.

## Family Responses to Loss

The tasks facing a family that has lost an important member roughly parallel those facing an individual when a loved one dies. Goldberg (1973) states that when a family member dies, each person must bear the pain and make an adjustment individually, but so must the family bear the pain and adjust collectively. He points out that when a family member dies, the mechanisms the family usually employs to deal with crises are found to be inadequate, and new, creative changes must be made. Goldberg feels that the interactional process of role change within a family is analogous to the intrapsychic changes that occur in the internal world as an individual's response to losing a loved one.

Goldberg outlines several family tasks that must be done in order to ultimately effect the necessary role change which will eventually allow the family to achieve a new equilibrium without the lost member. The first is allowing mourning to occur--in other words, to tolerate and facilitate the expression of grief and the sharing of pain within the family. In order to do this, the family must have an effective and open communication system among its members. The second task is to relinquish the memory of the dead person. This requires that when faced with

decisions, the family respond by meeting its present needs instead of considering what the dead person would have done. Goldberg feels that this task is accomplished gradually, just as an individual requires time to decathect the lost person and form new attachments.

The next important family task is the realignment of roles within the family. Goldberg delineates two types of functions the family must consider in their redistribution of functions and responsibilities: instrumental functions, such as economic support and physical needs, and socioemotional functions, such as the giving and receiving of love. These tasks become especially difficult when a parent dies, and the burden of financial and emotional support falls largely on the surviving parent.

Finally, the family must also achieve a realignment of extrafamilial roles: the withdrawal from social groups that are no longer appropriate for the family (such as a club for couples) and joining of groups that fulfill the family's new needs (such as a single parents' club).

A realignment of roles, both intrafamilial and extrafamilial, will be more or less difficult depending on the type and number of roles a dead family member filled; the death of a parent generally requires more realignment than the death of a child. And the death of a young

parent, which is extremely disruptive to the life of a family whose children are young and not yet ready to separate from the family, requires more realignment than the death of a parent of grown children (Herz, 1980). Families with good communication systems, in which all members understand and accept the new roles they are assigned, respond more adaptively to a death.

Herz (1980) suggests that when family members can communicate openly about their thoughts and feelings and can remain relatively unreactive to each other's emotional states (in other words, they can detach their own emotional reactions from those of others, rather than responding with an escalation of anger or anxiety), they are more likely to be able to cope with the demands of adaptation after a death.

### Pathological Mourning in Families

Helene Deutsch (1937) was speaking of individual intrapsychic responses to loss when she stated that if mourning is denied full expression, it will be expressed nevertheless in indirect and often maladaptive ways. However, her observation seems to be equally true of families. Most writers addressing family responses to loss cite the role of the family's avoidance of the pain and disorganization of mourning as crucial in precipitating



maladaptive responses in one or more family members (Jensen and Wallace, 1967; Krupp, 1972; Herz, 1980; Gelcer, 1983).

The avoidance of mourning in families can take a number of forms. According to Paul and Grosser (1965), "Family systems, like all other social systems, tend to maintain an equilibrium which, in the case of the normal family, gradually evolves and alters in accordance with aging and the differential role demands of the life cycle of its members" (p. 340). It is their contention that in those families in which the group is highly resistant to change, maladaptive patterns of response set in. In these families, the group quite consistently reacts to loss with a total denial of its affective significance. This denial turns into a pattern of "warding off" losses and other difficult experiences, and in a consequent resistance to the growth and change in family members which might ultimately reorganize the balance of the system. In the families Paul and Grosser studied, this warding off of the experience of pain had resulted in cross-generational blocking of mourning. The result was that a child born sometime after a significant loss was identified by the family with the dead person, and thus became "both a target and a carrier of ambivalent feelings" (p. 341). These families also prevented the growth and differentiation of the child in question. The children thus selected by these



families became schizophrenic.

Paul and Grosser are not the only investigators who have linked the appearance of schizophrenia in a family member to an earlier, unmourned loss. Walsh (1978) studied 140 families of schizophrenics and found that, while incidence of grandparent death in general did not differ among experimental and control groups, the schizophrenic group had experienced significantly more grandparent deaths within two years of the birth of the schizophrenic child than the comparison groups. In interviewing the parents of these schizophrenic patients, she found that they frequently showed unresolved mourning over the deaths of their own parents, evident either in denial of the significance of the loss, or an exaggerated affective response that would have been appropriate if the death had been much more recent. Walsh hypothesizes that when a grandparent dies close to the birth of an infant, the parent is often emotionally unavailable to child and spouse, and that this unavailability hinders the child's development. She also notes a similar phenomenon to that cited by Paul and Grosser: that the child is often used as an emotional substitute for the dead grandparent, thus blocking the parent's necessary mourning period and placing an intolerable burden on the child.

Another phenomenon that has been observed in

families that are unable to express grief or tolerate the mourning process is scapegoating. Bermann (1973a) did an extensive study of one family in which the father was suffering from a potentially terminal heart disease that required life-threatening surgery. The family was unable to discuss the situation or to acknowledge their fear of the father's dying--so much so, that they only mentioned it to Bermann after five home visits and after nine months of therapy with other professionals. In this family, the resulting unexpressed tension and frustration were focussed on one child, whose acting out provided a channel for the expression of anxiety and dissatisfaction in the family.

L'Abate, Weeks and Weeks (1979) detail a process by which family members become scapegoats. They state that it is a family's "inability to deal with hurt" that results in an "externalization" of the family's distress onto a scapegoat. This occurs when "tensions in the family become so great that individual intrapsychic defenses are inadequate" (p. 87). Thus, the family first selects a scapegoat to assume the responsibility for the tension in the family. When the person thus selected accepts the label of being "sick," thus allowing the family to divert responsibility for their problems onto him or her, he or she becomes so entrenched in dysfunctional behavior that he or she can no longer behave in any but a dysfunctional

way. This person fully believes in his or her own sickness, and is eventually isolated and alienated from the family.

Scapegoating is a process the family uses because of a systemic inability to express grief or tolerate pain. Still other maladaptive responses occur when an individual, usually a parent, is unable to mourn. While it is important to maintain an interactional view when considering family responses, it can nevertheless be argued that parents are often the most influential members in a family system and that their responses often guide and shape the responses of their children, who do not have adequate freedom of movement to escape the requirements of the family. For instance, Jensen and Wallace (1967) describe two cases in which the death of a family member, in one case a child and in the other a father, resulted in an intensification of the relationship between one child and the mother. In these cases, both mothers used their child's psychosomatic problems and acting-out as a focus for unresolved grief. Because the mother needed the child's problems in order to avoid facing her own painful mourning process, she unconsciously behaved in such a way as to maintain it, and the child in each case was unable to mourn or to progress beyond the acting-out behavior. It is worth noting here that many writers cite adolescent

acting-out as a particularly effective anxiety-binding focus for family distress (Counts, 1967; Jensen and Wallace, 1967; Goldberg, 1973). Because an adolescent is likely to already be moody and difficult and to provoke anger in an attempt to separate from the family, adolescents are particularly vulnerable to selection as the family scapegoat or as the channel of diversion of a parent's unexpressed grief.

Fulmer (1983) suggests that single-parent families are especially vulnerable to unresolved mourning. The widowed (or divorced) parent (usually a mother) is overwhelmed by the pressures of single life and caring for the children and often becomes overinvolved with the children as a result. These mothers are often faced with sudden necessities of supporting the children and raising them alone and must push sadness and grief away in order to cope better with the pragmatic demands now placed upon them. Because depression and unavailability in the mother is frightening to the children, they often collude with her in pushing away her grief. They do this by misbehaving to provide a focus for the mother's despair, or sometimes by entering into a partnership with the mother in which they become the emotional support she has lost with the death of her spouse. Thus, children may identify with the dead parent in order to assume his or her role in the surviving

parent's life, and this identification can obstruct the child's own mourning process. Or, a parent may misdirect his or her anger toward the dead spouse onto a child, sometimes the child who looks or behaves most like the dead person. Finally, Fulmer notes that when grief in these single-parent systems is unexpressed, family members often display an inability to make attachments outside the family. Thus, the system becomes insulated from new contacts, and the unresolved mourning is maintained inside a "closed," static system.

Gelcer (1983) describes families in which the inability to relinquish attachment to the dead person resulted in that person's being maintained as a "ghost" in the family system. Living family members are continually compared to dead ones, and the dead person's presence hinders family members from making new attachments that are not obstructed or distorted by unspoken loyalty to the dead. In both the families Gelcer describes, a child's conflict between attachment to the dead parent and a substitute parent resulted in serious behavioral and emotional problems for the child.

Particular problems occur in families in which a member dies of a long-term, debilitating illness, such as cancer. In some families, the knowledge that death is approaching allows for a process of anticipatory mourning,



in which the family can effect a gradual relinquishing of attachment before the death (Fulton and Fulton, 1971; Gelcer, 1983). However, in other families the attentions and energies of family members become narrowly focused on the dying person. When the person dies, the family system, which has been for so long centered around the illness and impending death, is dramatically thrown off balance. The survivors may feel guilt for being alive, and for their often unspoken wishes that the sick person die and relieve the family of the burden of anxiety and caretaking, and in response to their feelings of guilt, often idealize the dead person (Bertman, 1980). As stated earlier, if the idealization of the dead person continues beyond the initial stages of the grief reaction, it obstructs the integration of ambivalent feelings necessary for the resolution of mourning. Further, a long-term illness often places heavy burdens on children and adolescents in a family. They may be forced to take on nursing tasks, or may inherit responsibilities that the dying parent can no longer carry out. In such cases, heavy pressures against complaints that may further upset the family require that the child assume these burdens willingly (Wellisch, 1979). This may work against the appropriate separation of the adolescent from the family. And a common response in families enduring a long-term illness is the closing down

of communication among family members, because discussion of the pressing issue of impending death results in anxiety and distress for all concerned (Herz, 1980).

A final observation about families' responses to death is that unresolved mourning generally reverberates across generational boundaries and throughout the extended family. Bowen (1978) describes an "emotional shock wave" that often occurs after a death or other trauma strikes a family. Family members experience numerous misfortunes, none of which they associate with the loss, ranging from physical illness to alcoholism to divorce. Petker (1982) points out the same trend in families she has seen in therapy, with the added observation that maladaptive responses and emotional problems are even more acute when they reach the second generation of unresolved mourning. Rogers (1968) provides some insight into this observation. She notes that parents, who themselves have lost a parent in childhood and were unable to mourn the loss, create situations in their own families that result in similar responses on the part of their children. Specifically, these parents are often struggling between a wish to protect their children from what they themselves have suffered, and a competing resentment of their children for being able to enjoy the security they themselves never had. They thus alternate between permissiveness and

rigidity and between overinvolvement and distance with their children. Since their own development was not normal, they often do not understand normal development and impose unreasonable expectations on their children. Since they have an exaggerated need for security, which is represented by the stability of their family, they are often threatened by their children's normal wishes to separate and work against this separation. Thus, they maintain a highly ambivalent relationship with their own children, and these children in their turn are unable to mourn when their parents die.

### Discussion

The following discussion will center on mourning in children and adolescents, and in each case will consider how the family's and parents' responses to a loss might affect the ability to mourn in a child or adolescent.



Mourning in childhood. Considerable controversy exists around the definition of the age at which mourning becomes possible. Bowlby (1961) holds that children do mourn, and states that adult mourning follows the same sequential course as childhood mourning. Later (1963) he asserts that childhood mourning is typically marked by behaviors that are seen in pathological mourning in adulthood (repressed yearning for the lost object,

repressed reproaches against it, and denial that the object is permanently lost). The difference between the process in children and adults, he believes, is that in childhood the pathological processes are relatively easy to reverse with proper attention by the child's caretakers, while in adulthood, the pathological course of mourning is difficult to overcome.

Klein, like Bowlby, sees a capacity to mourn in childhood; she places the development of the capacity to mourn at the successful resolution of the depressive position during the first year of life (1940).

Other theorists, however, feel that mourning is not possible in childhood, that a child's ego is not sufficiently developed to achieve reorganization after a major loss, and not sufficiently strong to bear the pain of grief and adaptation (Deutsch, 1937; A. Freud, 1960; Wolfenstein, 1966). Wolfenstein (1966) states that the capacity to mourn is only achieved through the successful negotiation of adolescence: ". . . not only does adolescence resemble mourning, it constitutes the necessary precondition for being able to mourn. The painful and gradual decathexis of the beloved parents which the adolescent is forced to perform serves as an initiation in how to mourn" (p. 113). Once the mourning of adolescence has been completed, the individual is able to bear the pain

of an external object loss, since he or she knows through experience that the pain can be borne and the process survived. Before this time, Wolfenstein asserts, a child faced with loss also faces overwhelming panic and thus engages in defensive denial to avoid the pain. She states that children can make successful adaptations to loss if external conditions are favorable, most particularly if there is a substitute for the lost object to which the child can transfer affection (this does not preclude the pain of loss, but does make a healthy adaptation possible).

Whether or not children and adolescents are able to mourn as adults do, however, the fact that their lives are closely circumscribed by the family and their ultimate adjustment is at least partly dependent on the adjustment of their surviving parent, or both parents if a sibling dies, is undeniable (Rosenthal, 1980). Furthermore, how children grieve depends at least in part on their ages and their cognitive levels (Gelcer, 1983); the capacity to understand such concepts as finality and causality develop with time, and are not generally present in young children (Arthur and Kemme, 1964).

The following section will consider the tasks of mourning as they take shape in childhood. The possible implications for the obstruction of mourning will be



considered in cases in which the family or the surviving parents do not adequately respond to the loss; further, specific maladaptive responses on the part of the surviving parent in the case of parent death and the ways these reactions might affect children will be considered.

Children commonly respond to the death of a parent by denying the emotional impact of the loss (Nagera, 1970; Miller, 1971). Thus, the child in the normal course of events displays a reaction that many writers call pathological (Klein, 1940; Bowlby, 1963). Most writers addressing this issue attribute this reaction to a developmental incapacity on the part of the child to tolerate the extreme pain of mourning, because the child's ego is not yet strong enough to bear the disorganization or achieve reorganization (Fleming and Altschul, 1963; Rochlin, 1965). Denying the emotional impact of the loss can sometimes extend to denying its reality, especially in cases in which the nature of the death was particularly anxiety-provoking, such as an accident involving mutilation, or a death by violence (Barnes, 1964). Denial of the loss may take the form of ongoing fantasies of reunion (Jacobson, 1965), and in these cases the dead parent is often extremely idealized in the child's memory. At the same time the living parent may be devalued and may become the target of great hostility. Denial may also take

the form of identification with the dead parent (Krupp, 1965). As stated earlier, selective identification with the dead person's most loved and valued characteristics can be considered an adaptive response to loss (Volkan, 1981). However, Birtchnell (1975) points out that in children, this identification is rarely adaptive, but tends to be extreme, and constitutes an attempt to deny the loss. Wolfenstein (1969) feels that children may be hindered in making a constructive identification with the dead parent, because the fear of the parent's illness causes him or her to avoid any identification with the parent at all.

Finally, children commonly fantasize that they are responsible for the death of a parent. Arthur and Kemme (1964) offer several poignant examples of children's beliefs that their own naughtiness or hostility caused the death, or that the surviving parent caused it. The latter assumption seemed to be made most frequently if there had been discord between the parents before the death. Arthur and Kemme cite Piaget's theories of children's intellectual functioning in attributing these fantasies to "the young child's tendency to confuse psychological and physical causality and to regard all that occurs in his world as purposive, determined by and functioning in accord with his personal desires or those of other people" (p. 40). Chethik (1970), Winnicott (1965) and Scharl (1961) all

report cases in which young children's reactions to the death of a parent were partially characterized by feelings of guilt for causing the death.

How, then, can the reactions of the family members, and in particular in the case of parent death the reactions of the surviving parent, affect a child's capacity to adapt to loss? Even those writers who have approached children's reactions to death from a highly theoretical, individual perspective, concur in their belief that concrete factors in the child's environment have a tremendous impact on the child's capacity to adapt favorably to loss (Barnes, 1964; Furman, 1964; Nagera, 1970). And many hold the belief that if children are not actively assisted in their processes of mourning, they may become "stuck" in the developmental phase they were in at the time of the death and thus be unable to achieve the resolution of subsequent developmental struggles (Fleming and Altschul, 1963; Jacobson, 1965; Rosenthal, 1980).

The common patterns of reaction to loss in children are denial of the emotional impact of the death, denial of the death itself, expressed in fantasies of reunion or in identification with the dead parent, and feelings of guilt for having caused the loss. The following will consider how each of these factors might be affected by the family's reactions to the death.

1) The child's denial of the emotional impact of the loss. As noted earlier, many families are as groups unable to express or tolerate painful affect (Paul and Grosser, 1965; Krupp, 1972). In these families, it is unlikely that a child will be encouraged to recognize his or her emotions; on the contrary, the family often colludes with the child in denying the pain involved in loss. The surviving parent may be especially influential in making sure that the child's pain remains unrecognized and unexpressed. Particularly in families such as Fulmer describes (1983), in which a surviving mother is faced with the necessity of providing for her children and fears the impact of her own grief, a child's calm, unemotional reaction might be greeted with relief rather than with concern.

2) The child's denial of the reality of the loss. Since the denial of the reality of loss is often expressed internally in fantasy, a family may not be aware of this process in a child. However, there are ways in which families unwittingly collude in the development and maintenance of these fantasies. The family's inability to give up the dead is often expressed in language a child may take literally: "Mommy is in Heaven watching over you," or "Daddy has gone away and won't come back" are statements that are provocative to a child who does not understand the

finality of death. Arthur and Kemme (1964) cite one case in which a boy thought his father's death meant that he had "moved to California and married someone else" (p. 38). The maintenance of these fantasies encourages the child in his or her idealization of the dead parent, and this in turn obstructs the child's development of the ability to tolerate ambivalence, so central to the resolution of mourning in Klein's theory. Further, if the fantasies of reunion are maintained, the child is not able to carry out the painful process of reality testing that both Freud and Klein describe, by which he or she can eventually accept the absence of the loved object and form new attachments. Jacobson (1965) describes cases in which these fantasies were maintained many years after the death, long into adulthood, and only discovered during the course of psychoanalysis.

Further, children often do not see the body of a dead parent, or attend the funeral, nor are they permitted to visit a dying parent in the hospital. While these experiences may not be advisable for young children (Barnes, 1964), still, care must be taken to address the mistaken beliefs children may have as a result of the fact that they are not privy to all of the information surrounding a death. If they are not informed of the illness, and if explanations are not offered as to the



meaning of the loss, whether the parent can come back, and where the body is, they may harbor frightening beliefs about the dead parent's eventual return, which block their abilities to understand or adjust to the death.

As stated above, another way children often deny death is through identification with the dead parent. Again, a family, in particular a surviving parent, may encourage and even push the child to assume this role. In a family that cannot effect an appropriate reallocation of roles, a child may inherit a role that is inappropriate to his or her developmental stage, such as emotional caretaker for the widowed parent (Fulmer, 1983). Encouragement to behave as the dead parent did and to assume his or her functions may further strengthen the child's defensive use of identification.

Finally, it is important to remember how dependent children are on the caretaking of others for their simplest needs. In some cases children are left with a surviving parent who is not capable of meeting these needs, who is emotionally disengaged from the child and cannot offer emotional intimacy, or who cannot care for the child's physical needs. In these cases the child is even more apt to deny the reality of the death, for to do so would be to admit a terrifying helplessness in the face of a true abandonment.

3) Feelings of responsibility for the death of a parent. The child's fantasies that his or her naughtiness or angry thoughts about a parent caused the death are very common, but are often unspoken. Barnes (1964) has shown that when the caretaking adults are trained to understand the child's expressions of guilt, as they appear in play or in indirect questions, and to respond to them with direct statements that thoughts are not the same as actions and that the death had nothing to do with the child's wishes or behavior, the child is much better able to cope with the loss. Here again, however, if the family and the surviving parent deny the impact of the loss, they are unlikely to be receptive to a child's disguised expressions of distress. Further, in some cases a surviving parent's pathological reaction may take the form of an inability to acknowledge anger at the dead spouse, and a displacement of that anger onto the child who looks or acts most like the spouse (Fulmer, 1983). In this case, the child's feelings of guilt and badness may be a direct result of an increased hostility on the part of the surviving parent.

Mourning in adolescence. The stormy period of adolescence has itself been likened to a process of mourning (Wolfenstein, 1966), during which the adolescent gradually and painfully gives up his or her infantile love objects--the parents. Wolfenstein further states that

until this mourning process of adolescence has been successfully negotiated, a person is not capable of tolerating the pain and disorganization of mourning a death. Whether or not this view is true, the conditions of adolescence must of necessity create potential complications in the mourning process. In adolescence, the ambivalence toward the parents that is a feature of the Oedipal phase of development, during which the child desires the opposite-sex parent and fears retaliation from the same-sex parent, is revived (Laufer, 1966). The guilt attendant on these sexualized feelings for the parent is also revived. Both the heightened ambivalence and the consequent feelings of guilt result in defensive denial of these difficult affects and can thus complicate an adolescent's capacity to mourn a dead parent (Lampl-de Groot, 1960).

Further, Deutsch (1937) states that pathological mourning may ensue after object loss if the ego is involved in other difficult tasks which use up all its available energy. Consider, then, the range of tasks demanded of the adolescent (Sugar, 1968):

. . . separation from the infantile objects;  
sexual pattern reorganization; dealing with  
problems related to finding out one's basic  
identity; fears and feelings about relating  
intimately to people of the opposite sex;  
establishing values and concepts related to moral  
principles, vocational pursuits, social demands,

self-responsibilities, and self-concept and personal ideals (p. 269).

And, while a younger child has less ego development and ego strength with which to cope with a death, he or she does have what Lampl-de Groot (1960) terms an "auxiliary ego," in the form of the structure and demands imposed on the child by the surviving parent. If the surviving parent is preoccupied or inadequate, this leaves the young child truly helpless to cope, but if the surviving parent is an adequate caretaker, the young child is aided in the task of adaptation. An adolescent's ego, however, stands alone, beset by multiple conflicting demands for change and reorganization. Because the adolescent is involved in the process of turning away from the parents, he or she cannot use the surviving parent's "auxiliary ego" as completely or helpfully as a young child can.

Very little has been written about how family and parental responses affect an adolescent's ability to mourn. However, given the conditions of adolescence as outlined above, and having noted earlier the possible pathological reactions on the part of the family and the surviving parent, it is possible to speculate about how certain responses might obstruct mourning in adolescence.

A family in which the expression of grief is not allowed is a particularly problematic environment for an adolescent suffering object loss. Adolescents, when faced

with undischarged tension and distress, are likely to act out their feelings in impulsive and sometimes destructive ways (Sugar, 1968). It is not uncommon for adolescents to display delinquent behavior as a way of expressing their anxiety and depression and their helplessness to affect the situation they find themselves in (Shoor and Speed, 1963; Krupp, 1962; Rosenthal, 1980). Since adolescent acting-out is distressing for the family and is often less tolerable to adults than children's expressions of anger (Lampl-de Groot, 1960), and since it may involve legal authorities and bring shame on the family, the adolescent who acts out is extremely vulnerable to becoming the scapegoat and the focus of the family's unexpressed distress. Further, some case study data suggest that parents who cannot acknowledge their own distress unconsciously goad their adolescent children to act out impulses they themselves cannot express (Rosenthal, 1980). Thus, the parents can set into motion the sequence of acting-out and blame that lead to an adolescent's becoming the catalyst for the entire family's expression of anger and grief.

If the family is unable to make a just reallocation of roles, an adolescent may become a substitute spouse or parent and thus be strongly tied to the family just at the point at which separation from the family is a crucial developmental task (Wellisch, 1979). Similarly, a long-term



illness before the death of the parent may keep the adolescent tied to the home in a caretaking capacity, or as a support to the dying parent or to siblings.

Wolfenstein (1969) points out that adolescents are as likely as children to idealize the dead parent in memory and to assign all the negative feelings about the dead parent to the surviving parent. Thus, the adolescent is often unable to achieve the integration of ambivalent feelings necessary for the resolution of mourning and becomes fixated at the current developmental phase. She also notes cases in which the adolescent's rage over the injustice of the painful loss results in his or her becoming a "living reproach" to others and maintaining a continuing inability to relinquish the painful attachment to the dead parent and form attachments to others. Although Wolfenstein does not mention the effect the adolescent's anger at the surviving parent and open rage and reproachfulness have on the family, it is reasonable to expect that these reactions would be distressing to others and might begin a cycle in which the adolescent's anger earns reproach from the family, which results in the adolescent's feeling even more unjustly treated, etc.

The literature on mourning in childhood and adolescence concentrates largely on individual responses,

attending only indirectly to the importance of the mourning environment as a factor in the resolution of responses to loss. Yet, if we consider the developmental demands placed on children and adolescents it becomes clear that help from the family, and in particular the surviving parent, is crucial if they are to make a successful adaptation to the loss of a parent. The literature is full of case histories that eloquently demonstrate the possibilities for maladaptive development if this help is not offered (Jacobson, 1965; Rosenthal, 1980). In fact, the above consideration of the literature on family responses to loss and on child and adolescent reactions strongly suggests that the demands of a family which cannot flexibly change in response to a death can work directly against a child or adolescent's ability to change and adapt intrapsychically. The intriguing question remains, then, of what specific factors in the mourning environment might either facilitate or obstruct a child or adolescent's ability to mourn the loss of a parent.

A previous study of adolescents who lost a parent suggested that most of the factors differentiating those who were able to mourn from those who became pathological mourners had to do with the relationship to the dead parent, the relationship to the surviving parent, and the nature of the family before the loss (Kaplan, 1984). A

particularly intriguing point was that almost every adolescent interviewed for the study had siblings who had reacted quite differently to the death of the parent. Thus, pathological mourners had siblings who had adjusted well, and those who were mourning adequately often told of siblings who were experiencing a variety of problems since the loss. Since the study was not designed to investigate this phenomenon, this fact remained an unexplained finding.

Since most of the literature on childhood and adolescent responses to loss is constructed around case studies of analyses with these children, the writers pay relatively little attention to the ways in which different people in the family might exhibit totally different reactions to the loss. Only Scharl (1961) compares the reactions of two young sisters who witnessed their father's death by decapitation in an automobile accident. The older girl, who was eight, had felt at a disadvantage in her relationship with her father because the younger sister, aged five, had been his favorite. This older child suffered feelings of guilt about her hostile wishes that her father die, and for some time was unable to form new object relationships. The younger child, who had had a narcissistically gratifying relationship with the father, sought gratification from other sources, in particular an

uncle. When this uncle died, she became depressed, and her self-concept changed from one of success and lovability to one of dirtiness and worthlessness. Each child had a difficult adjustment to the father's death, but each took a very different form. While Scharl acknowledges the role the different types of relationship with the dead father had in shaping each girl's response to the loss, she attributes the difference mainly to the different developmental phases the children were in at the time of the death.

While Scharl's observations are highly suggestive that the different types of relationships children have with their parents can strongly affect their responses to loss, she does not explore this possibility in detail. And while many writers mention the nature of the relationship to the dead parent as crucial, and in particular that an ambivalent relationship to the dead parent can be problematic in mourning (Klein, 1940; Volkan, 1981), again, no one explores in detail the child's network of relationships within a family and how this might affect the ability to mourn.

In families, every member has a role to play in relation to other family members, and each role carries with it certain responsibilities, privileges, burdens, and expectations. The above survey of the literature suggests

that certain responses on the part of the family as a group--in particular, a denial of affect and an inability to flexibly shift and reallocate roles in response to loss--can affect a child or adolescent's mourning process. But there is a wealth of more detailed questions about the interaction between family and individual responses that has not been addressed and which is a crucial area for further research. When a child or adolescent loses a parent, there are a number of questions we might ask: What was the role of the child in relation to the dead parent? What is the role of the child in relation to the surviving parent? Based on these roles, what expectations does the family have for the child's behavior and emotional state after the loss? How do these expectations and possible demands shape a child's development after the death?

In addition to these relatively concrete questions, there are other important questions about family members' internal representations of themselves and others in the family, and how these interact. For instance, how does a child perceive him- or herself in relation to the parents? Winnicott (1965) cites a case in which a young boy who had a psychotic break after the death of his father had seen himself as the mediator between his bickering parents. In the previous study on adolescents' responses to the loss of a parent (Kaplan, 1984) several of the most problematic



cases were those in which the adolescent perceived him- or herself as the caretaker for the parent who died. These children not only placed themselves in parental roles with the parent who died, but fancied themselves as that parent's protector and perceived that parent as in need of protection from the hated, surviving parent. The important unanswered question here is: Was this simply the child's perception, or was it also the parent's perception?

Additionally, did the child and the parent agree about what role the child would take on? How did the child's assuming this role affect others in the family? Were they relieved to allow the child to assume the burden of caretaking? Did it cause jealousy among siblings?

There is a distinct need for research that will address some of the questions stated above. Only by detailed observation and description of families' responses to loss can we generate suggestions about how a person's role in a family can affect a complicated intrapsychic response such as mourning. It is no longer adequate to explore individual intrapsychic responses to loss, for although these explorations have established the framework for our understanding of mourning, they ignore a factor that is extremely important in shaping and guiding the process: the social context in which loss and adaptation occur.

## C H A P T E R   I I

### CONDUCT OF THE STUDY

#### Recruitment of the families

The families who participated in this study were recruited from several New England communities that ranged in character from major metropolitan areas to rural suburbs of small towns. They were recruited in several ways. First, an advertisement, along with a sign-up list, was placed on the bulletin board in the Department of Psychology at the University of Massachusetts. The ad provided a brief description of the study and informed undergraduate psychology students that by participating in the study they could receive experimental credits to use in their psychology courses at the University. Second, an ad was placed in the University of Massachusetts campus newspaper, explaining the study and providing my telephone number for those who were interested. Finally, ads were placed in several local newspapers in Amherst, Northampton and Springfield, Massachusetts, and in New Haven and Hartford, Connecticut. Of the eight families who

participated in the study, three were families of psychology students who signed up in the Psychology Department and asked for experimental credits, two were families of students who responded to the ad in the University of Massachusetts newspaper, and three were families of widowed parents who responded to the ads in their local newspapers.

Although only eight families participated in the study, many people responded to the newspaper advertisements and many students signed up in the Psychology Department. The process of recruiting was extremely difficult, due to the fact that the great majority of the people who were interested in discussing the death of their spouse or parent wished to do so alone, and objected to the idea of being interviewed with their families. The most common response from college students was, "I'd be glad to talk to you alone, but I'm sure my family won't do it. They never talk about it." Similarly, many widowed parents who responded to the newspaper ad told me that they were certain their children would refuse to be involved. A few students came from families who lived too far away to participate, and a few widowed parents had children who had moved away or were living at schools in other states.

Although I had intended to interview only those

families in which everyone agreed to participate, it soon became apparent that this would be impossible, due sometimes to the emotional complexities of family life and sometimes to the simple practical issues involved in gathering a number of busy people together in one place for at least several hours. I therefore agreed to interview those families in which the surviving parent and at least one child would take part. Ultimately, of the eight families involved, only one had more than one child absent (the Johnsons), and this was because two children were married and living in other states. Five families were interviewed with one child absent, and two interviews involved the whole surviving family. I also specified that at least one child had to have been living at home at the time of the death, and that I would not interview children who were currently under ten years of age, since I feared that the interviews might be too emotionally evocative for young children to handle.

Because of the difficulty in finding families who were willing to participate, the eight who did obviously comprise a special group. Whatever the nature or success of their current adaptation, these are all people who are willing to discuss a family event of great importance with a total stranger, and to do so in the presence of other family members. The reasons for their willingness seemed

to vary significantly from family to family, and these reasons are taken into account in the case studies in the next chapter.

The recruiting and interviewing took place over the course of nine months. I stated in my advertisements that I would travel several hours to interview families, and did so to interview two in the Boston area and one in New York. The other families were all from the Amherst-Northampton area and its environs, or from the Springfield area. Of the five local families, four were interviewed in their homes (at their request), and one was interviewed in the Psychological Services Center at the University of Massachusetts.

Of the eight participating families, five had suffered the death of the father and three had lost the mother. One parent had died one-and-a-half years before the study, three parents had died six years before, two had died seven years before and two had died eight years before. Five parents died of cancer, with their illnesses ranging in duration from one to ten years, two died of sudden and unexpected heart attacks, and one died of congestive heart failure due to a cardio-pulmonary condition. In one family, the parents had been divorced four years before the death, and the father was not living at home when he died. The children who participated in the



study ranged in age from eleven to thirty-one, and their ages at the time of the death ranged from seven to twenty-two. Table 1 summarizes some characteristics of the families interviewed.

I contacted each interested party personally by phone, and explained to each the idea behind the study and what participation would entail, finally asking if they felt they and their families would be willing to be included. (The format of the telephone contact is shown in Appendix A.) If they were willing, I asked them to contact their families, find out who would join in the family interview, and set a time at which I would recontact them to set up an appointment. During this second contact, I confirmed that the family was willing to be interviewed, and offered them the choice of being interviewed in their home or in the Psychological Services Center. Once their preference was established, the interview was scheduled.

#### Conduct and format of the interviews

Before beginning the interviews, each subject was given an informed consent form to read and sign (Appendix B). The form reminded the participants that they would be expected to take part in both a family interview and an individual interview and that the material covered would directly address the death in the family and might bring up

Table 1. Family characteristics

Family #	Name	Deceased parent	Current family	Ages at time of parent's death	Cause of death	Length of illness	Separation or divorce
1	Johnson	Father	Vivian, 60 Catherine, 29* Matthew, 26* Bill, 22	54 23 20 16	Heart attack	---	No
2	Baxter	Father	Marjorie, 36 Scott, 14* Derek, 11	34 12 9	Cancer	10 years	No
3	Wilson	Mother	Roger, 52 Alison, 25 Julie, 23 Steven, 21*	46 19 17 15	Cancer	6 years	No
4	Grant	Father	Louise, 48 Heidi, 18 David, 14*	41 11 7	Heart attack	---	No

\* = Absent from interview

Table 1. (Continued)

Family #	Name	Deceased parent	Current family	Ages at time of parent's death	Cause of death	Length of illness	Separation or divorce
5	Brown	Mother	Jack, 63	55	Cancer	6 years	No
			Sheila, 34*	26			
			Robin, 31	22			
			Cindy, 18	10			
6	Carver	Father	Marian, 46	39	Congestive heart failure	1 year	No
			Christopher, 24	17			
7	Sheehan	Father	Myra, 54	48	Cancer	1 year	Divorce, four years before death
			Chuck, 25*	19			
			Ellen, 22	16			
			Sandra, 21	15			
			Carol, 20	14			
8	Pratt	Mother	Tom, 47	39	Cancer	1 year	No
			Jan, 21	13			
			Michael, 17	10			

\* = Absent from interview

painful memories. It informed the subjects that they could leave at any time without penalty, that University of Massachusetts students would receive one experimental credit for every hour of participation, up to three credits, and that information gathered during the interviews would be kept confidential. It also stated that in any interview material used for publication, names and other identifying information would be disguised to protect confidentiality. Finally, it informed participants that if they wished to speak further about their experiences to a counselor, they would be given a referral, and that at the end of the interview they would be free to ask any questions of the interviewer.

Once the informed consent forms were signed, the family interview was begun. I arranged to interview the group first so that if any family member was under time constraints, he or she would not have to wait through everyone else's individual interviews. After the group interview was completed, I interviewed each family member separately, letting the family decide the order of the interviews based on their own schedules and wishes. Every family and every individual was interviewed according to the same structured format, although I sometimes asked for clarification, or pursued a line of questioning not included in the protocol if it seemed important. For

instance, when Robin Brown told me that she has dreams in which she is able to tell her mother things she never got to say to her in life, I asked her what she would say to her mother if she could, feeling that her response would give important information about her relationship with her mother and her current adaptation to the death.

The family interview was divided into six sections: family life (which contained such questions as Who does the housework? What does the surviving parent do for a living? How have these things changed since the death?); the parent's death (e.g., What was the cause of the death? Who had responsibility in caring for him/her during the illness? What was he/she like as a person?); the family's experience of the death (e.g., Who told you he/she was dead? What did they say? What was the funeral like for you?); relationships with the dead parent (e.g., Who was closest to him/her? Who in the family is most like him/her? Did this change during the illness or since the death?); relationships with the surviving parent (e.g., Has your relationship with your surviving parent changed since mother/father died/got sick?); and family changes (e.g., Have any other major changes occurred in the family since mother's/father's death/illness? Who has taken over jobs or responsibilities that mother/father used to handle? Does anyone have any health/mood problems? Has this



changed since the death?). The complete protocol for the family interview appears in Appendix C.

Each surviving parent completed an individual interview that was divided into issues relating to six basic questions: Would you briefly describe your relationships with each of your children?; What worries you most about your children's adjustments to the death?; Are you considering or would you consider remarriage?; What was your marriage like?; and Do you have any physical problems or mood problems? These questions were designed to provide the parent an opportunity to discuss his or her adjustment to the loss of the spouse, while also illuminating their relationships with their children and the ways these relationships may affect the children's responses to the death. The complete protocol for the interview of the surviving parent appears in Appendix D.

Each child completed an individual interview divided into eight sections: What is your life like now (How is your social life? What do you like most that you do?); Describe your relationship with your parent who died (Did you ever fight with him/her? What about? Do you think you are like/unlike him/her?); What is your relationship with your surviving parent like (Do you ever get angry with him/her? What about? Do you think you are like/unlike him/her?); What has been the worst thing for

you about your mother's/father's death?; Describe your parents' relationship (Do you wish it had been different?); Has your relationship with your surviving parent changed since the death (In what ways? Have your relationships with your siblings changed?); How do you see yourself in relation to your family (What do you do that nobody else does? What do people depend on you for?); and What do you plan to do in the next few years (How do you think your mother's/father's death has affected your plans?).

The interviews of the children were designed to provide detailed information about their current level of adjustment, their relationships with the dead parent and the surviving parent, about the differences in the experiences of the children based on these relationships, about each child's view of him- or herself, how that view has been affected by the family standards and relationships, and how all of these factors affect the child's response to the death. The complete protocol for the interview of each child appears in Appendix E.

Many of the group and individual interviews were emotionally intense. During the family interviews, family members seemed to find their own level of tolerance and to help each other contain their emotions, and I felt relatively free to observe the ways in which they helped or hindered each other in dealing with painful feelings.

During the individual interviews people became more confiding, sometimes telling me information they did not feel comfortable saying in front of their families. At these times I faced a more delicate task of eliciting information while monitoring the responses of the person I was interviewing in order to ensure that I was not being too intrusive. In general, every participant seemed very adequately prepared to handle the emotional strains of the interviews. Based on the large number of people who responded to my ads but refused to be in the study, it seems likely that those families in which the topic was too upsetting or too explosive to handle simply did not participate. Similarly, in the families that did participate, those individuals who felt they could not tolerate the feelings that would be aroused by their participation simply did not take part. The only individual who displayed extreme distress was the youngest child in the study (Derek Baxter), who ran from the room during the discussion of his father's illness.

### Analysis of the families

Once all the interviews were completed, I transcribed the tapes for all of the family and individual interviews. The process of transcribing allowed me to review all of the information gathered in the interviews,

and more importantly re-evoked the interviews so that I once again experienced the emotional impact as it affected me and the family members, and was reacquainted with the subtleties of interaction in each family.

The transcripts yielded an overwhelming amount of information, provided by family members, and in every case augmented by my own observations and responses. In order to reduce the volume of words into manageable condensations, I divided the data for each family into eight sections: basic family characteristics and how the initial contact with me was made; the way the family behaved during the interviews; a description of family life before and after the parent's death; a description of the extended family; the family's description of the parent who died; the family's experience of the death; family relationships; descriptions of the individuals in the family; and finally, a summary in which I integrated the previous information into an assessment of the family's current adaptation and explanations of what I felt to be the most important factors contributing to it.

As I read and reread the transcripts to gather all of the information relevant to each of the above categories, my theories about what elements of family life and relationships either helped or hindered individual adaptation took shape. I did not attempt to separate

families into categories based on how well they were adapting, but rather concentrated on describing each family in detail and in comparing the adaptations of the individuals in the family and trying to account for the differences among them. The descriptions of the families and summaries of group and individual adaptations are contained in Chapter III.

Working from the case studies, I considered next the families compared to each other. Although the sample is small, similarities became evident from the comparisons. The similarities had to do in some cases with the structure and nature of the family, in other cases with the nature of the parents who died or of the surviving parents, and in some cases with the ages or individual characteristics of the children. I carried out a detailed analysis of the similarities and differences among the families across certain factors, and attempted to explain how these factors might typically affect the individual response to loss in children who have lost a parent. This analysis appears in Chapter IV.



## C H A P T E R   I I I

### CASE STUDIES

The following case studies are intended to provide detailed descriptions of the eight families interviewed. In these descriptions I have attempted to include enough detail to convey a sense of the emotional richness of the interview experiences, and also to structure the information into a format that invites consideration of certain key elements of the families' responses to their losses.

Each case study is divided into eight sections. The first section is an account of how the family became involved in the interview: who contacted me, and for what reason. Also included in this section is a basic listing of the names and ages of family members, the name of the parent who died and when the death happened, who took part in the interview, and where the interview was held.

The second section, the interview, describes the interview experience itself, with attention to the nature of the family interaction, who, if anyone, dominated, how the family responded to me, and what the overall emotional

experience of the family was currently like. In certain families it was evident that the interview had some kind of significance for them, or that they were using it in a certain way. When this was evident, I included my impressions in this section.

The section on the family provides a brief history of the family's life: how it was structured, what the daily routines were like, what the emotional texture of the family's life seemed to have been like, significant events in the family's past, and how the family's basic structure and people's individual roles seemed to have changed after the death. The following section, the extended family, addresses the family's external support system, who outside the immediate family is close to them, how frequently they are in contact, and how these relationships may have changed after the death.

In the family's description of the parent who died, I attempted to combine family members' descriptions of the dead parent into a cohesive portrait. In addition, when there were discrepancies in the accounts I pointed them out. Basically, this section addresses the dead parent's personality, his or her role in the family, and how he or she in general affected the structural and emotional components of family life.

The family's experience of the death relates the

events leading up to the death, the immediate impact of the death and how each family member reacted, and, when it was evident, how each person's reaction changed over the few months after the death. In addition, when the mode of death seemed to have had a particular impact on the family (such as in cases in which the illness had been long and involved extreme physical debilitation), these effects were related in this section.

The sixth section addresses family relationships in detail, and attempts to characterize the unique aspects of the dyadic relationships in the family. The marital relationship, each child's relationship to the parent who died, and each child's relationship to the surviving parent are considered, along with a briefer consideration of sibling relationships. In this section are included my own perceptions of these relationships based on a compilation of data from all the family members, and also any discrepancies that showed up as various family members described the same relationships.

The individuals in the family contains a description of each surviving person, along with my assessment of his or her current adaptation to the loss. Again, the descriptions are compiled from each person's description of him- or herself, along with the descriptions of other family members and my own observations. In this

section I have gone into detail about each person's internal struggle to resolve the loss, as well as the adaptations each has made within the family.

Finally, each case study ends with a summary. This section contains an explanation of those factors in each family's life that seem most important in the success or difficulty of their adaptation to the loss. In identifying these factors, I provide for each family a theory of how their overall adaptation is progressing, where the difficulties and the strengths lie, and how the nature of the family's adaptation is affecting the adaptations of the individuals in the group.

The case studies were designed to provide a progression from basic description to more complex explanations of how the basic elements of family life and family relationships have affected the interacting dynamics of group and individual responses to the death.

Before presenting the case studies, it is important to acknowledge that there were only two out of the eight families interviewed in which all of the surviving members of the immediate family participated in the study. In some cases family members had moved away and were simply not available; in others, a family member refused to be involved. In these cases I attempted to compensate by

asking detailed questions about absent people of other family members; however, these descriptions are of course compromised by the fact that I was unable to get information directly from the person involved and also unable to formulate my own clinical impressions. In every case study in which a family member was absent I point this out in the first section describing the family. In describing absent family members I have taken into account that the descriptions are derived from other people and may be biased. When the absence itself seems to be important in explaining the family dynamics, I have attended to its significance.

### The Families

#### Family #1: The Johnsons

Vivian Johnson, sixty, responded to an ad I had run in a small, local newspaper. She said that her husband Oliver had died six years before, and that she thought I had chosen an interesting topic for research. She herself was an academic, she explained, and she would be happy to help someone else in the struggle to finish a dissertation. She told me that she had three children: Catherine, twenty-nine, Matthew, twenty-six, and Bill, twenty-one. Because Catherine and Matthew live out of



state with their spouses, only Vivian and Bill were present at the interview. When I explained that I would like to interview her and Bill together, and then interview each of them separately, she had no objections, and was sure that Bill would have none either.

The interview. The Johnson family house is comfortable, casually furnished in a somewhat rustic style. There is no formality in the environment. Vivian greets me courteously and seems eager to talk and interested in my research. Bill, somewhat less enthusiastic, is nevertheless polite and willing to provide whatever information I need. Mother and son interrupt each other frequently, sometimes finishing each other's sentences or speaking in unison. This seems less a function of their thinking alike or sharing affective experience than it is an indication of how much both enjoy speaking. As they engage in the experience of the interview, each becomes expansive and each has stories to tell. They do not argue or disagree, except to occasionally debate a date for the sake of historical accuracy.

The most striking feature of this interview is the absence of affect both Vivian and Bill display when speaking about family members, family experiences, or even Oliver's death. They are not flat or constricted, and do

not seem to be struggling to keep emotions at bay. Rather, they approach every question and describe every experience with a lively, and totally intellectual interest. Vivian in particular is difficult to guide to answer specific questions, since she is compelled to describe the history and evolution of every family experience I ask about. She even offers to dig out family records to verify dates and places. Interestingly, it is in response to a question about how Oliver died that she becomes most embroiled in background information and irrelevant detail, and she takes a very long time to come to the description of the death--suggesting that this intellectual style does at least partly function as a way of containing and controlling emotional experience.

Overall, sitting with the Johnsons is remarkably comfortable, considering that I am a total stranger in their home and am asking detailed questions about very personal experiences. They are both extremely articulate and humorous. They are not fazed by any question, no matter how pointed, about their experience of Oliver's death. No grief, anger or confusion intrude on our conversation. In participating in the interview, they see themselves as helping someone complete research, and this is a pursuit rated highly in their family value system.

The family. With the exception of Bill, the

Johnsons are a family of academics. Oliver was a professor of literature at a small, private, liberal arts college. Vivian, too, holds a graduate degree in literature. She sacrificed (her own word) her career to promote her husband's and to raise their children, but since Oliver's death has been trying to pursue her own professional interests. Catherine, the oldest child, holds a graduate degree in economics, and Matthew, next oldest, is currently working for his graduate degree in history. Both, in Bill's words, "covered themselves with glory" in their academic careers. Bill's description of them is sincere, and apparently covers no bitterness. Academia does not tempt him, and he has never been a brilliant student despite his obvious intelligence. He has just completed his undergraduate education at a small college in the Midwest, and is currently living at home temporarily until he finds his next pursuit. He wants to be a musician, and is a member of a rock band for which he writes songs.

As Vivian and Bill describe their family life, it becomes quickly apparent that family members were involved in individual pursuits almost to the exclusion of group activities. A consistent characteristic of daily life was Oliver's absence, since he taught in the afternoon, worked on his research very late into the night, and then slept until noon each day. The children saw him only at dinner

every night. On vacations, however, the family travelled together; Vivian describes these holidays as family "projects." They used Oliver's sabbatical leaves for trips to Europe and around the United States. During the summers between sabbaticals, they would spend several weeks at their cottage on Cape Cod.

From Vivian's and Bill's descriptions, it is difficult to develop a sense of the emotional texture of this family's life. Again, the stories tend to be detailed, historically accurate, sometimes humorous, and always intellectual. The following interaction arises when I ask what the family typically argued about:

Vivian: That was, it was what TV program they were going to watch...

Bill: Oh, that was the major conflict--

Vivian: It was, it really was, and I nearly went bananas while all this controversy was seething around me...which kiddie program are we gonna watch?

Bill: [with mock bitterness] "Star Trek" is not a "kiddie program."

Vivian: No, well, somebody wanted "I Love Lucy," and--

Bill: The thing is, it was always the youngest against the other two, because they were more of an age and they had similar interests...

Vivian: Well, what I finally worked out because I couldn't stand you know all this conflict that was seething...I said now you're gonna have to have a system, and we got a calendar, and we assigned days--I don't know if other families would find this useful, but I pass it on for what it is worth.

This is typical of the style throughout the

interview in that most of the stories told about family life are anecdotal and lighthearted, and the aims of my research are always kept in mind. Bill remembers some conflict between himself and his parents around doing homework, and Vivian remembers having spirited and forever unresolved arguments with her husband about "whether the French Revolution were really inevitable." Vivian says that she and Oliver agreed on all aspects of childrearing, and her description of their ideas is, again, very characteristic of the style and values of this family:

Vivian: ...We isolated things that were a high priority to us in, with respect to the kids, that is, areas where we felt that we really had to set standards, goals, and try to direct their lives, and we tried to follow a very loose approach outside of those things, that is to allow them to develop each one as they wanted to develop.

What Vivian and Oliver wanted their children to develop was a commitment to academic pursuit and a discipline in academic work. Only Bill did not live up to those standards.

The extended family. The Johnsons have little extended family. All of the grandparents are dead, and Bill does not remember them. Vivian's father remarried after her mother's death, and her stepmother remains in contact with the family, who are very fond of her; they see each other fairly often. Vivian has one brother, and her



stepmother has a daughter; these are people the Johnsons are fond of, but they have relatively little contact with them. Overall, extended family does not seem important in their lives, and they project a feeling of moderate isolation, and total self-sufficiency.

The family's description of the parent who died.

Both Vivian and Bill remember and describe Oliver in professional, rather than personal, terms. Bill is, perhaps unintentionally, eloquent in describing a relationship that seems to have had relatively little interpersonal warmth or richness, yet, although his words express some anger and resentment, he quickly denies their significance:

I tended to see him as somewhat aloof and authoritative...that was mainly because that was the role he chose to take in parenting. I mean, when it came down to the major discipline it was up to him, the more everyday problems she would handle. When I was young I was a real Civil War buff, and I remember him as a sort of teacher who would tell me all these really interesting things about the things I wanted to know about. Um, so I mean it's really hard to sort of put together a concrete image of him because as a child I definitely viewed him the way all children view their fathers, and he played a very standard father role, but I also picture him as a teacher. There were certain times when we could get along really well, but they were few and far between, and partly that was because of his being very, very dedicated to his profession, he spent an awful lot of time doing what he did, which is perfectly understandable... Unfortunately, later on...I got into this standard teen-ager, it's hip to rebel, and you know, you hate your

parents...but the one thing that I really want to say I guess is that even at the times when I really hated his guts, I mean I respected him as a person and a professional, because he had a hell of a lot of integrity in terms of doing what it was that he did....

Vivian, too, thinks of her husband in terms of his work, and does not dwell on the ways his single-mindedness may have affected her contentment with her own life and her children's lives:

He was a dedicated scholar...he loved literature, he really loved literature, and to be able to do something that he loved, how many of us are given that opportunity? And this was I think one of the very fortunate things about his life, that he was able to do that which he truly loved doing. And there were some very real sacrifices that had to be made early on by me, by him, to a degree by me, too, in order for him to be able to do this. I had to, for instance, sacrifice basically any career ambitions that I might have had. But as far as he was concerned I guess it was that he was a man who was dedicated to what he did, and I don't know really what more I can say, I mean he was a kind person, he certainly would never have done anything to hurt anybody's feelings. He wasn't physically aggressive or anything like that. But he was the absent-minded professor. I can remember addressing him about something...and I remember saying to him, Are you listening to what I'm saying?...and actually the reason I was concerned about this was I'd discovered very early on that he had learned how to shut the kids out--you know, they could be slitting each other's throats at his feet and he wouldn't have known.... Now this was in some respects a good thing, that is, it enabled him to pursue his interests....

It is important to emphasize again that while Bill's and Vivian's frustration with Oliver is clear from

their words, their affect while speaking belies it entirely. All of the statements quoted above are made with the same matter-of-fact attitude and the same enjoyment that characterizes their stories of humorous incidents in the family's history.

The family's experience of the death. Oliver had had a serious asthmatic condition since the age of thirty-four, when his own father died of a heart attack. His mother also died of a heart attack, and she, too, suffered from severe asthma. Although Vivian and Oliver were aware of the significance of his genetic background, the family apparently did not dwell on it. Interestingly, Vivian now suspects that Oliver knew he had a heart condition, since after his death she found medication for angina among his possessions. She does not express any anger or sense of betrayal about his silence, and indeed there may even have been a tacit agreement to maintain such a silence about a topic that may have introduced dread and a fear of loss into this evenly balanced, intellectually geared family system.

The death occurred at the family's summer cottage. Both older children were already married and living elsewhere, leaving Bill, then sixteen, the only child at home. Bill and Vivian were at the cottage awaiting Oliver's return from a business trip to Europe. On his way

to join them at the cottage, Oliver stopped in their hometown and picked up a friend of Bill's who sometimes spent time with them on summer vacations. When they arrived, Oliver and Vivian went for a walk, Oliver suddenly fell, and by the time the ambulance arrived he was dead.

Both Bill and Vivian characteristically downplay their emotional responses to the loss. Vivian finds a positive aspect to the suddenness of his death:

His father died of a massive heart attack, boom like that, so it was not unexpected that it should happen that way, and this was what he wanted, and I was glad for him that it worked out that way, I can describe the exact situation if you want to because I was there when it happened.

Bill has some trouble remembering the moment he learned of the death, and he and Vivian work to make the recounting of the incident accurate:

Bill: ...she looked obviously very serious about something...and she said well, I have very bad news for you. Your father's dead.

Vivian: It wasn't like that. Because I said, uh, Daddy collapsed.

Bill: Yeah. See, I don't remember--

Vivian: Yeah, I can remember that because you said to me, I said Daddy collapsed and I called the ambulance right away but when they got there it was too late, that's what I said to you because you said to me and I do remember that, you said you mean he's dead, and I said I'm afraid so.

Bill: That's right.

Later, Bill describes his own emotional response, with



support from Vivian:

Bill: ...It was a little easier for me to deal with this because he had been gone for almost, I hadn't seen him in...months...and I was a little bit adjusted to not having him around.... John [his friend] was much more adversely affected by it because he had just spent--

Vivian and Bill [in unison]: --six hours in a car with him.

Bill: And I had just sort of seen him briefly for about half an hour...but it sank in later, I was pretty upset about it. I, uh, not being a particularly emotional, outwardly emotional person, anyway I didn't display it.

Vivian: You did very well.

The lack of outward display of emotion seems to have been the rule in this family, and even in times of extreme crisis works well to contain confusion and disorganization. Vivian's response, for instance, was to become determined to persuade an unwilling local pathologist to perform an autopsy that might give the family more information about Oliver's death. In her account of her difficulties with the pathologist, she displays the only open anger I see throughout the interview; the displacement of her emotional response to her husband's death onto the struggle to get more information that would help her gain some intellectual understanding of the event was clearly of great use to Vivian in helping her get through the first few days.

Vivian and Bill do not describe Catherine's and Matthew's responses in detail, but they agree that



Catherine was probably the most upset, and Bill attributes this to the fact that she was the child who best lived up to her parents' ideals, and thus had the least ambivalent relationship with her father.

After the death, Vivian returned to teaching work and Bill finished high school. The major change in the family was a financial one, and Vivian has had to struggle to put Bill through college. Currently, most of what tension exists between Vivian and Bill has to do with money, and their different ideas of how it should be used: Vivian is willing to help him through graduate school and allow him to use certain savings for that purpose, while Bill feels that he should be able to use it to further whatever his current goals are, even if they do not involve continuing in school.

Family relationships. Again, it is much more difficult to get a sense of the texture of relationships in this family than it is in many others. The marital relationship is described by Vivian as a satisfying one, and intellectual values were shared by both partners. Aside from family vacations, the two seem to have spent relatively little daily time together.

Perhaps because he is the only child present, Bill's account of his teen-age rebellion and his struggles with his father's disapproval of his lack of academic

ambition stands out the most clearly, but no one's relationship with Oliver is very easy to characterize, since he is notable primarily for his absence from the family circle and his absorption in non-family pursuits.

Vivian describes her children rather than her relationships with them. Catherine she praises for her success in academics, and briefly describes her daughter's happy marriage; Matthew she sees as equally successful, but somewhat less confident than Catherine. Her descriptions are not vivid or detailed, but it is clear as she speaks that she regards each child with a keen appreciation of his or her individuality; while she has tried to instill her values in her children, she does not try to coerce them into certain paths. Her relationships with them, while not emotionally intense, seem mutually appreciative.

Vivian's and Bill's attitudes toward each other are both critical and admiring. Bill sees his mother as too driven, and resents her judgment of the value of his current interests and her lack of financial support of his musical ambitions. However, he wishes he had her ability to discipline herself and to achieve whatever she sets out to do. Vivian sees Bill's interest in music as a passing phase, and wishes that he would settle down to something he really wanted to do. She does not judge his choice of career per se, but rather states that, if music were what

he really wanted to do, he would be working harder at it. However, she is very admiring of his articulateness and his talent for writing lyrics, and feels that if he ever settles down he is someone who will have "something to say to the world." This "gift of gab" she sees as a family characteristic, and in describing Bill she gives him what is obviously a rare accolade: "He's a Johnson."

The individuals in the family. Vivian, now sixty, is a very engaging, energetic woman involved in many active "projects," apparently to the exclusion of any more contemplative or passive interludes in her life. Bill describes her as always having to have something to do, and moving quickly from one pursuit to the next with no breaks in between. She seems to be a person who determinedly emphasizes the positive aspects of all of her experience. She has, for instance, a sincere appreciation of the things her life has given her: a marriage to a man whose values and interests were very similar to her own; children whom she appreciates and finds talented and interesting; and currently the chance to do some of her own academic work, which she sacrificed earlier in her life for the sake of her husband and family. Rather than complain about the financial problems engendered by her husband's death, she attacks them with characteristic energy to find solutions, and describes to me in detail the various pensions,

investments and jobs she has put together to make a reasonable income. Rather than dwell on the misfortune of losing a husband relatively early in life, she says she feels glad that his death was quick and did not involve suffering, as her own parents' deaths from longer-term illnesses did. She seems to enjoy the freedom she has now to pursue her own interests, one of which was to start a group for widowed people--not because she was suffering herself, she says, but because a widowed friend was having a hard time adjusting. At the end of the individual interview with Vivian, I ask if she has been lonely since Oliver died:

No, not really. There are certainly times when one becomes aware of being alone. But I guess I'm a pretty positive sort of individual, and I get over things quickly, you know, it's just the way it is.

Bill, at twenty-one, is a highly intelligent, articulate, and pleasant young man who at present has little sense of direction in his life, and who tends to describe himself in terms of his similarities and differences to his family. He wants to be a musician, but, according to his mother, does little to achieve his ambition. He is aware of a certain lack in himself of the driven quality that characterizes the rest of the family, and sees the lack mainly in positive terms. For one thing,

it differentiates him from his family; he is the family "artist," and as such is less disciplined than his siblings, because that's the way artists are. On the other hand, he sees himself as very much like the rest of his family in a basic attitude of dedication to his work, although this dedication does not necessarily translate into the same kind of sustained effort his parents and siblings put into their academic work. He says that his family disapproves of his choice of music as a career, but they "appreciate his seriousness about it."

As the "different," and non-achieving, child in a family of very high achievers, Bill derives his self-esteem from that very sense of uniqueness, and this stance is evident in his extra-familial life as well. In junior high and high school, he dated "older girls" who were more "serious" about commitment in relationships, and scorned the casual attitudes of most boys his age. In college, he was part of a crowd of "liberal intellectuals" in the midst of other students whose interests were more trivial than his own, and in his description he emerges as more serious and high-minded than his contemporaries. In his critical stance toward society and its institutions, Bill sees himself as very like his father. He also describes himself as like his father in an enjoyment of socializing, an interest in science fiction, and physical characteristics.



Given his father's early death and family history, along with the fact that Bill, too, suffers from asthma, he might well have concerns about his own health. However, he says that his only concern about dying is that he not suffer for a long time, and in this his attitude parallels that of his parents.

Summary. Overall, the Johnsons' adaptation to Oliver's death seems to have been remarkably good, and this is an intriguing outcome in a family so avoidant of discussion and working through of emotion. The emotional experience of this family clearly exists under the surface, and anger, resentment and sadness, along with attachment and love, are indirectly expressed in Vivian's and Bill's words. If we accept Helene Deutsch's statement that "unmanifested grief will be found expressed in full in some way or other" (1937, p. 13), how can we account for the apparently good adjustment of each member of this family? For all of the Johnsons do seem to have adapted particularly well. Vivian, if anything, seems almost liberated by her husband's death, and displays no guilt at feeling this way. Bill, while he struggles with some of the identity issues typical of late adolescence, is basically satisfied with himself and his life, and his disappointment in his relationship with his father does not noticeably express itself in any current difficulties.

Although my impressions of Catherine and Matthew are secondhand and therefore neither as vivid nor as confident as those of Vivian and Bill, no major problems are apparent. Both are happily married and successful in their work, and they seem to maintain cordial, if not particularly intimate, contact with other family members.

In attempting to explain this family's relatively easy acceptance of loss, I realized that each person's presentation had more to do with their family identity than with the individual identities of any of the family members. When Vivian said of Bill that "he's a Johnson," her words carried a great deal of meaning about what it is to be a member of this family. A Johnson, above all, is intelligent and dedicated to intellectual pursuits. A Johnson achieves, and if he hasn't achieved yet (as in the case of Bill) he is expected to as soon as he finds that purpose to which he will dedicate his life. Dedication to intellectual pursuits to the exclusion of involvement in family relationships is not only the norm, it is encouraged. In Vivian's genuine appreciation of her children, there is a sense of her having the satisfaction of a job well done--she has groomed them to be high-minded achievers, and she now waits to see what they will achieve, with sincerely noncompetitive enjoyment.

Thus, in such a family, the loss of an individual

is not catastrophic, since the family identity overwhelms individual identity. While Oliver set the standard for living up to the family ideal, his loss nevertheless left the family ideal intact and available for each person to use as a sustaining internalized presence. Since Vivian is in many ways the promoter of the ideal, and since she seems to have had more direct contact with and personal influence on her children, we might speculate that her loss would not have been as easily absorbed as Oliver's, but this is, of course, speculation.

If we accept the above explanation for the family's adjustment to Oliver's death, an interesting question still remains: What might make a family so wholeheartedly agree to filter emotional experience through an intellectual screen? A possible answer exists in Vivian's account of the fates of the previous generation. Both of Oliver's parents had serious heart conditions, and both died in middle age of massive heart attacks. Vivian's mother died of cancer some time before Bill was born, and her father died some years ago of a stroke. All were dead when Bill was still too young to remember them, so that Vivian and Oliver experienced major losses throughout their young married lives. At least two of those losses--Oliver's parents--carried ominous implications for his own future, since heart disease is very often hereditary, and Oliver

did already suffer from the asthma which apparently was implicated in his mother's death. It is unclear whether Vivian has any fears for her health based on her parents' deaths. However, it seems understandable that, in a family in which loss has been a pervasive experience, value might be placed on those things that are within one's control: attitudes, values and achievements, for instance, rather than closeness and intimacy with people who might die. This interview did not cover family history beyond the grandparents' generation, but it would be particularly interesting in this family to explore transgenerational patterns to determine whether early deaths and frequent losses may have contributed to a general turning away from an emphasis on emotional experience.

#### Family #2: The Baxters

Marjorie Baxter, a thirty-six-year-old widow, saw my ad in a local newspaper. Like Vivian Johnson, she thought that family adjustment to loss was an interesting topic for research, and said that she would be willing to share her own experience both to help me and to give herself and her family a chance to review what the death of her husband had been like for them. She told me that she had two sons, Scott, fourteen, and Derek, eleven, and that her husband Ron had died a year-and-a-half ago at



thirty-six. She was uncertain about whether her sons would agree to participate in the interview and said she would check with them. Ultimately, only she and Derek took part. Scott flatly refused, and his mother was unable to persuade him and unwilling to force him to speak with me; when faced with this situation I made it a point not to force the issue.

The interview. The Baxters live in a rambling house in a small town surrounded by a rural area. Their home has a warm, country-like feeling. To conduct the interviews, Marjorie, Derek, Derek's friend Bob, and I gather intimately around a small table in the kitchen. Derek is a friendly and personable boy, but seems a little anxious about the interview, and his friend is apparently present for moral support.

At eleven, Derek is the youngest child to participate in this study. He is courteous and answers questions directly, but does not offer associations or stories the way almost all of the older children in the study do. His answers tend to be brief and rather concrete, but emotionally open and unembarrassed. His mother often prompts or guides him to answer, but does not attempt to tell him what to say. She is attentive to him throughout the interview and concerned about how he is reacting. At one point, when we discuss Ron's long and



debilitating illness, Derek is unable to tolerate the memories and runs from the room. Marjorie allows him to be alone, and later is able to persuade him to return to complete the individual portion of the interview. The relationship between mother and son is clearly a warm one, characterized by concern on both sides. They have the air of facing something together and helping each other through it. Scott's absence is noticeable throughout the interview, since he is home in another room but will not enter the kitchen.

Marjorie, who works as a nurse in the school her children attend, approaches each question straightforwardly and answers conscientiously. She sometimes uses my questions to think through issues she has not clarified before. She is young, attractive, and clearly still struggling to integrate her experience, not only of her husband's death, but of his long illness and the effect that has had on herself and her sons. She feels compassion for her husband, her sons and herself, but chooses to meet the demands of her life in active, noncontemplative ways which perhaps have been her best defense against depression and despair. She is very concerned about her children, and her greatest current anxiety seems to be whether she is capable of raising them alone, especially Scott, who is more distant and rebellious than his brother.

Sitting with the Baxters, I was very aware that they are in an early phase of adaptation to loss. Their struggle is visible to an outsider, in Marjorie's attempts to find nonthreatening explanations for things that worry her, in Derek's inability to remember his father's illness without fleeing from the discussion, and in Scott's palpably hostile absence from the interview.

The family. This family's life style has been quite unusual in that for much of the children's lives both of their parents have worked in the school they attend. Ron was a teacher and Marjorie is a school nurse, so this group had the unique experience of preparing for the day at the same time and meeting the day's demands in the same place. In fact, when asked how daily life changed after his father's death, Derek answers:

It's strange because I was always looking forward to seeing my dad in the halls and all that, you know...and I can't because...he died.

Thus, Ron's death disrupted even the daily lives that children usually have apart from their parents.

The family enjoyed each other's company and went on outings and picnics together. Ron had a carpentry shop, and Derek used to enjoy helping him and learning from him. What Marjorie and Derek describe sounds typical of many young families in which the children are not yet working

toward separation from the parents: most family activities took place at or around the home, and parents and children tended to do a lot together. In fact, the descriptions of family life sound almost stereotypical and a little unreal. It is not that the Baxters seem to be fabricating their answers, or even concentrating solely on the positive aspects of their lives. Rather, it seems that their memories of Ron's illness and death are more immediate and more real to them at this point than their memories of happy times.

Since Ron's death, the family has been pressured financially, and this worries both Marjorie and Derek. It has also affected Scott, who had been enrolled in a private school for a year before his father's death, but chose to return to public school afterward; his mother guesses that he did this both to relieve the financial burden on her, and to return to a more familiar and comforting environment.

The extended family. The Baxters have extended family who live within easy reach. Ron's mother lives nearby, as do his brother's family and Marjorie's sister's family. The children are close to their aunts, uncles and cousins, and Derek seems to harbor a comforting belief that if things get too difficult financially, his "rich" aunt will help them out. Marjorie, however, is reticent to ask

for help, and she and Derek apparently have different ideas about whether Ron's death has brought them closer to the rest of the family, as in the following exchange:

Interviewer: How about the rest of your family, do you think that your relationship with them has gotten closer, or--

Derek: Yes. Closer.

Marjorie: Yeah, maybe. Maybe we do see more of them now. But that could be because we're out of the house more. I don't know, you know...

Interviewer: Do they help you in any way?

Marjorie: I think if I really called and said I really need help, they would. I think they would.... They are there, I think, if I need them. I really have not called on them that much.

Derek: They helped me in recreation, like I went skiing and camping...

Marjorie: Well, yeah. And you go down and visit Uncle Ralph a lot. I think if I was really out straight and I said I need help I think they would. Maybe it's just that I have not asked for it. And they do not outwardly offer. You know.

It is difficult to tell whether Marjorie, with her brave, self-sufficient appearance, discourages help intentionally or otherwise, or whether her hesitancy to ask for help may arise from some instinctive knowledge that her family does not really wish to give it. What is clear is her general feeling of standing alone. And in fact, she does express some open bitterness about her husband's mother, who, she says, has kept herself quite distant from the family since Ron's death. Her own parents are close to her and the children, but live in California and rarely get the chance to see them.

The family's description of the parent who died.

By the time I ask for a description of Ron, Derek has fled the interview, so it is Marjorie who answers. She describes what he was like during his healthy times, and only later tells me how he changed during bouts of illness, struggling to integrate her loving memories of him with the more painful ones:

Marjorie: I guess I would have to say, I'd describe him as a cowboy [laughs]. That's the way he was. Um...he was funny. He was very bright. He was funny, very talented, very artistic. And that's what I would describe him as, a cowboy. I think...if he could live a hundred years back, he would have been happy. Very energetic, talented, bright man.

Interviewer: What did he teach?

Marjorie: Social studies.

Interviewer: Do you think that his personality changed in any way while he was sick?

Marjorie: I think so. I think so. But not until the very end. Not until the very end, he would still make jokes, you know, and still--he went through a lot of depressions during the cancer, so then I saw a real personality change, but then as he came out of the depressions he was his old self again. Yeah. Still making jokes, still--and he had lost his speech, because of the stroke, so it was very hard to, and it would get very frustrating when he would try to tell me something....

Later, during the individual interview, Derek remembers his father as someone who did everything with him, and says he would not have wanted their relationship to be different because "I thought it was nice." He does not wish to elaborate his recollections, and clearly has



great difficulty with the memories of illness. In fact, it is while his mother is describing how her sons helped her with their father's care during his last illness that Derek runs from the room.

The family's experience of the death. The most remarkable aspect of this family's loss is that its anticipation permeated their experience for ten years. Ron had cancer that was diagnosed very shortly after Derek was born. Thus, all of Derek's life, ten of Scott's fourteen years, and most of the parents' years of marriage were affected by the illness.

For ten years, Ron was in and out of hospitals for radiation and chemotherapy, treatments which were physically and emotionally exhausting for himself and his family. In addition, several years after his cancer was diagnosed, he began to suffer recurrent emotional breakdowns for which he also required hospitalization. He was diagnosed manic-depressive, and, although Marjorie is aware that the etiology of this disease may be genetic, she prefers to accept the alternative possibility that in her husband it was caused by chemical imbalances engendered by his cancer treatments.

Ron had a final recurrence of cancer from which he finally died after two years of physical disintegration. He had a stroke shortly before his death, and by the time

he died was partially paralyzed and could not speak. During the last three weeks of his illness the family could no longer care for him at home, and he had to be taken to a hospital in a major city. Marjorie went with him, and asked the boys' uncle to explain the situation to them and to tell them that their father was going to die. She also returned home during the last illness to see to her children and prepare them for the death. In fact, throughout his illness she had taken care to explain to them the various events associated with his illness.

Marjorie states that being a nurse and understanding Ron's illness and his treatments helped her in some ways to cope with the experience. She admits that his "mental problems" were much harder for her to handle than his physical decline. Having read about responses to loss, she puzzles over her own apparent lack of anger about Ron's illness and death, and is unaware that she does reveal anger in some of her responses, directly and movingly:

When Ron would go into his depressions and would have to go into the hospital, it was very difficult for me at that time. I think I can deal with physical illness better than I can with mental illness, I just didn't understand it. And I would get so angry with him and say you can, damn it, now, you can control that if you really tried.

Later, she speaks of the anger she felt while nursing Ron

during his last illness:

Especially the last two weeks when he was home, he would wake up every hour and a half, poor guy, and say I'm sore, could you rub my legs, could you give me a shot, and I would put a smile on my face and I'd say sure, but I was dragging, and I'd say I can't do this anymore, I can't--yeah. Just leave me alone, please, I can't....

The boys reacted very emotionally to their father's death, but in different ways. Derek was grief-stricken. For six months after his father's death he suffered tormenting nightmares in which he would be told that if he could only perform some patently impossible task, such as running a mile in ten seconds, his father would come back. He was afraid to sleep alone, and Marjorie took him for counseling to help with his struggle. Scott, on the other hand, reacted with anger. When told that his father was dying he refused to believe it, insisting that his father was strong, had overcome cancer before, and would do so again. Marjorie believes that he is still angry with his father for giving in to the illness. Because Scott is less talkative and open than Derek, Marjorie feels that she has less access to his responses and less effect on his adjustment.

Marjorie responded to the immediate experience of the death in what seems to be a characteristic way:

Sometimes I feel overwhelmed, but it quickly passes. It really does. I think, well, like Ron was buried on Monday, I went back to work on Wednesday. I said alright, come on, you've gotta get going. You've gotta get going.

Unwilling to dwell on any bitterness against her husband or against fate for the misfortunes she has endured, she allows her anger full expression only in her relationship with her mother-in-law. A vivid memory of the funeral involves her mother-in-law's insinuation that she would remarry quickly, and Marjorie is still very angry about this.

Family relationships. Again, because of Derek's terseness and Scott's absence, most of the impressions of family relationships come from Marjorie. She describes her marriage as a very good, very close relationship. Arguments and unhappiness tended to occur mainly around stresses related to Ron's illnesses. Ron was the disciplinarian in the family according to both Marjorie and Derek, and both agree humorously that she is not as good at maintaining good behavior as Ron was. Derek says that he and his brother fight more now because "we won't get in trouble."

The relationship between the boys does not appear to be close, perhaps because of the difference a three-year age spread can make when it lies between a still-childlike eleven, and an increasingly independent fourteen. Derek



says he cannot talk to Scott, because "he gets mad and punches me."

Marjorie describes Derek's relationship to her as "very dependent," and says she feels closer to him than to Scott because she can talk to him more openly and they can express their feelings to each other. She finds that Scott is a help to her about doing specific chores, but that Derek is the most comfort to her: "He always seems to come through at the right time with a little hug or a little pat or a Mommy I love you." Her relationship with Scott is more difficult. She fears that he is angry with her, and may resort to bad or self-destructive behavior to hurt her. Their interaction is difficult because they cannot talk to each other openly, and not very close because "he is very independent, and he's not around me that much."

The individuals in the family. Marjorie is a youthful, intelligent woman who shows great concern about her children and works hard to keep her family functioning smoothly. She does not avoid emotional experience, but has had to find active, problem-solving ways of coping with tragic experiences that otherwise might overwhelm her and her children. She is currently beginning to date again and to consider remarriage, and she struggles with guilt about this, recalling her husband's terrible physical and emotional burdens: "I feel guilty that I'm still down here



and having a good time." She is ambivalent about disciplining her boys, feeling on the one hand that they need a substitute for their father's firmness, but on the other hand that they will not accept firmness from her and that she will push them to bad behavior. Her guilt about reinvolving herself in life also finds expression in her fears about her sons' behavior:

Like if I say no, you're not gonna get that, I'm not gonna take you there, that I'm gonna cause them to act out in some way, that I'm gonna be the cause of it. Like when I started seeing this fella, is that gonna cause Scott to get so upset with me that he's gonna take off and do something foolish....

This is a woman who has many resources to cope with difficulties, but who has had more than her share of misfortune. Her struggle to maintain a positive attitude is vivid to an outside observer.

Derek is a likeable, friendly boy who does seem very dependent on his mother. Perhaps because of his age at the time of the death (nine), and perhaps because of personality characteristics, he has been the child to fill his mother's need for emotional closeness after his father's death. He is perhaps more attuned to his mother's needs than most boys of his age would be, and seems to feel the burden of responsibilities that are not realistically his. For instance, as his mother describes, he always

comes through for her when she needs emotional support; also, he worries about the family's finances and whether they will survive, and Marjorie has had to admonish him to leave those concerns to her. In addition, his nightmares after Ron's death reveal a sense of responsibility not uncommon in children, but often misunderstood or ignored. In Derek's dreams, it is his responsibility to perform in ways that will bring his father back to life. He accurately perceives the task as impossible, but is left to struggle with the burden of guilt that his father died.

Scott, by his mother's description, is a boy who cannot discuss or acknowledge his emotional experience. According to Marjorie, he "holds everything inside," and because of this she is never sure about his state of mind. She worries about him more than she worries about Derek, because of his anger, his rebelliousness, and his inability to talk to her. While his attitude is not remarkable for his age, his long struggle to deny his father's mortality, and his ultimate defeat, must have had a tremendous impact on his way of approaching affective experience. He seems, too, to be the keeper of his father's interests in the family: it is he, Marjorie feels, who might punish her for becoming involved with other men, by acting out just to "get at her."

Summary. All three Baxters seem currently to be

involved in a difficult struggle to resume their lives without Ron, and to make intellectual and emotional sense of his long illness and his death. Although it is difficult to speak authoritatively about Scott, since he refused to speak for himself, nevertheless it seems clear that both boys' adjustments are strongly influenced by two major factors: their attempts to emotionally integrate their life-long viewing of his slow death, and their current stances in relation to their mother.

Scott and Derek have had different responses to their father's illness. Three years old when his father's cancer was diagnosed, Scott had to find some way of achieving a useful identification with a father who was increasingly infirm physically and increasingly unstable emotionally. He did this, apparently, by denying the impact of the illness, becoming angry with anyone who spoke of it and insisting on his father's strength and invincibility. Ron's death threatens to shatter Scott's carefully constructed fantasy, and so he reacts by denying his emotional response to the loss and by refusing to engage in discussion of his experience--not only with strangers, but with his mother and brother as well.

Derek, on the other hand, never knew his father as a healthy man. Ron's illness and approaching death were the only realities he knew about family life. Small

children, having very little understanding of causality in relation to death (Arthur and Kemme, 1964), often harbor unsuspected fantasies that they are to blame for illness and death. Derek's nightmares, his unusual concern for his mother's emotional well-being, and his inappropriate assumption of the family's financial worries, all suggest an exaggerated sense of responsibility in relation to life's difficulties. In addition, Marjorie reveals that Derek has always been very much afraid of the dark. As when she chooses to believe that Ron's bipolar illness was a result of chemotherapy, she finds a comfortable explanation for Derek's fear, saying that he is dyslexic, and that dyslexic children often are afraid of the dark. While this might be true, Derek's fear also suggests a fear of chaos, of the unknown, of catastrophe--all understandable fears when one considers the pervasiveness of distress and dread in the family's experience.

In relation to their mother, the boys also take very different roles. Scott, angry with his mother for reasons she does not quite understand, in some ways takes his father's role. He helps her with difficult chores, for instance. However, he also takes a judgmental attitude toward her new involvements with other men, perhaps an attitude that he believes his father would take. In Marjorie's experience, Scott becomes a silent judge who

might potentially become punitive, behaving badly "just to get at me." Derek is attentive and concerned toward his mother, assuming the more loving side of a spouse's role. Without consciously attempting to limit Derek's growth toward independence, Marjorie nevertheless makes no attempt to limit his dependence on her, perhaps out of her own pressing need for emotional closeness. It is impossible to separate the influences of circumstance from Derek's constitutional personality style. Perhaps his openness about emotional issues is natural to him; perhaps, on the other hand, it has arisen as a result of his life-long knowledge of his father's mortality and his consequent need to find unshakeable security in his relationship with his mother. His need to be close to her may have biased his personality development in the direction of those characteristics that make him a son who "always comes through for her at just the right moment."

### Family #3: The Wilsons

Roger Wilson, a fifty-two-year-old widower, saw my ad in a major metropolitan newspaper. His wife, Linda, died six years ago at forty-seven. He seemed eager to participate in the interview and foresaw no problem in getting his daughters, Alison, twenty-five, and Julie, twenty-three, to join him. His son, Steven, twenty-one,



was currently serving a brief jail sentence, and would not be released in time for the group interview, but agreed to do an individual interview with me after his release.

Although I attempted to set up this interview, I was consistently unable to reach Steven by phone, so the following information was gathered only from Roger, Alison and Julie. None of the children currently lives at home, but all were still living at home when Linda died.

The interview. The Wilsons' home is located in a suburb of a moderately large city. It is a comfortably shabby wooden house furnished with antiques; collecting antiques, Roger tells me, was a family hobby when Linda was alive. Julie has left her two-month-old son with her husband while she takes part in the study; Alison has left her boy friend in the nearby apartment they share. Roger has been remarried for a year, and his current wife, Joan, is out for the evening.

For the group interview, we gather in the living room. Roger and Julie face each other across the small room, and Alison sits cross-legged on the floor, appearing younger than her twenty-five years. The Wilsons are quite welcoming to me and do not seem at all uncomfortable or apprehensive about the interview. They are interested in what I have to ask and in what they have to say. Julie and Roger are very much the most active participants. They

often interrupt each other to corroborate or challenge, and often elaborate each other's answers. What they say has obviously been discussed between them before. Alison is quiet and keeps herself in the background of the interaction. She answers direct questions comfortably, but does not volunteer information. She does not seem particularly withholding or guarded; rather, her relative inactivity seems to be her typical style in the presence of her father and sister. She does not challenge anybody's responses except to occasionally debate the date of some event. It is only later, during the individual interviews, that I find that the three Wilsons have some different ideas which they are apparently not comfortable saying in front of each other.

In general, Roger dominates the group interview. He is somewhat verbose, and seems to be interested in explaining and even justifying his own behavior. Julie joins in to elaborate and to analyze, and tends to be the most straightforward about giving information that is not flattering to herself or to other family members. She is uncompromising, but compassionate in her stance toward her family, and clearly tries to be honest about her own role in family difficulties. Alison seems content to let the others dominate.

The family. The Wilsons are a nonintellectual,

feisty, down-to-earth group who place great value on meeting their own standards of right and wrong. In telling stories about difficulties encountered in family life, they often struggle to assign blame accurately. What stands out most clearly during the group interview is the extent to which Linda is still present in their minds and emotions. What stands out in the individual interviews is that each one seems to be pleading a case for him- or herself not to be judged too harshly for their behavior toward her and toward each other.

The family is active and volatile, and at various times almost all of the dyadic relationships have been troubled. Anger occasionally is expressed physically, and has erupted into door-slamming, object-throwing, and occasional hitting, although the latter seems to have only occurred as a punishment for the children. All of the children have acted out in various ways during their adolescence, and sometimes those ways have been extreme, as in the drug involvement for which Steven is currently imprisoned, and an alcohol problem Julie struggled with after her mother's death. While the family seems to have always vented feelings in displays of temper and frequent arguments, most of the more serious acting out occurred during Linda's illness and after her death. This is easily understandable, for this is a family that typically acts

out intense emotion, and all of the individuals in the family had intense emotional responses to those events.

The Wilsons did a lot together: hikes, bike rides, collecting antiques, and visiting family who live nearby. The parents were active and gregarious. During Linda's illness, she did many things without her family, both working and playing harder than she had previously. Roger sees this as her response to realizing that her time was limited, and her determination to make the most of what she had left, although until the last year of her life it was not certain that her disease was terminal.

Since Linda's death, the family structure has changed considerably, largely because the children have grown from adolescence to young adulthood. Only Julie, however, seems to have career and educational plans she is happy with. Alison, by her own account, and Steven, by everyone's account, are still struggling to find direction. Roger is remarried, and sees his life today as far less stressful than it was when Linda was alive. He worries about his children, but seems to be trying to let go of any sense of responsibility in their continued development. While the Wilsons display loyalty and concern for each other, they have a hard time understanding each other's behavior and motivations.

Extended family. Linda's five siblings all live in



towns close to the city the Wilsons live in, and during the earlier years of the family's life they spent a lot of time with these relatives. Roger's widowed father and one brother live in another state, and have not been in as much contact with the family.

Linda's death seems to have been the cause of strife in her extended family. The Wilsons have some bitterness against her sisters for ways they behaved after the death. One sister "tried to take over," in Julie's words, and both Julie and Alison angrily resisted her advice, which they perceived as unnecessary and intrusive. Two other sisters withdrew from Roger and the children, and Roger feels deserted by them. On the other hand, he feels he has become much closer to his older brother since the death, and that is a very positive change in his life, since the two were estranged for some years before. The reasons for the estrangement are not clear, but it was apparently his brother's willing help and support around Linda's death that resolved it.

Now that Linda has been gone for some time and Julie feels she has overcome many of her adolescent struggles, she is trying to reestablish good relations with her mother's family. She and her husband visit several of Linda's sisters and are becoming very close to one of them. Julie seems to be trying to use her mother's family



as a resource for emotional support she does not feel she gets from her father and siblings. The other children apparently accept the distance from the extended family, and do not try to become closer to them.

The family's description of the parent who died.

In the Wilsons' descriptions, Linda emerges as a strong-willed woman who in many ways dominated her family. Her daughters and her husband all experienced her as someone who wanted to keep them close to her and fought to limit their independence. She perhaps was the catalyst for the open expression of anger that seems to have characterized family interaction. The following reminiscence of Julie's is similar to other stories that all three tell throughout the interview:

I was supposed to go to a concert and I came in late. And she told me I couldn't go. And I told her I hate this f----- house. And boy I heard his footsteps coming down the stairs and she slapped me in the mouth and that's...that sticks in my mind to this day. She never hit me other than that. But boy she cracked me good when I said that [laughs].... Spoons. She broke more spoons on my brother....

While the above is not a typical incident, in that Julie states it was the only time her mother hit her, it does illustrate the feeling, consistently expressed by all of the Wilsons, that it was Linda who took the role of setting the standard for her children's behavior and punishing

transgressions emphatically. By his own account, Roger did not involve himself as much in disciplining the children until after her death.

Roger, Alison and Julie all speak of Linda with a mixture of admiration and exasperation. They describe her as beautiful, vain and "bull-headed" (Julie's term, uncontested by her sister or her father). Her beauty and self-confidence apparently masked a great deal of insecurity, since she was consistently jealous of her husband's affections and anxious about his activities apart from the family. Yet she commanded a great deal of respect from all of them, and according to Roger was the only person in the family who could demand and receive good behavior from Steven. Her daughters feel that she would have pushed them to achieve more than they have, and both feel that their lives might have taken dramatically different courses had she lived. They wonder if their choices of men would have been different, and if they would have different careers. Both also feel that they would receive more emotional support and feel less lonely if she were alive. Alison, described by her family as closest to Linda, and the one who spent the most time caring for her during her illness, is less comfortable than the others in expressing anger toward her. In the following account of an event that is obviously still important in her memory,

her struggle is evident:

I used to get...maybe a little bit of jealousy even when she had her friends and she wouldn't be home at night to cook or things like that. There was a birthday, as a matter of fact I think it was my sixteenth birthday, where she was supposed to have been home for dinner and was out with a friend shopping or something and didn't get home till late. But basically...there wasn't...anything.... We did do a lot together, I think, I think we were very close.

Roger emphasizes the lasting romantic attachment that leads him to describe their marriage as an exceptionally good one, yet says that he is happier and feels freer since her death, and that he and Linda might have been happier married to other people. The following description encompasses many of the feelings Roger expresses repeatedly throughout the interview:

Their mother was a very strong, independent person, as a matter of fact, I have found that my life...maybe it's because of my age. I was very happy with their mother and the children, but I have a lot more freedom now. Their mother was very jealous. If I want to go somewhere now, I say I'm going to go, and Joan is really super about it. She has her own thing to do, and if I wanna do something, she never questions me, how come you're late for supper, which we used to get a lot, if I wasn't there on time, I got speeding tickets trying to get home...where now it's a lot more relaxed type of thing.... We used to argue. I loved her, but we used to argue [laughs]. I haven't argued in five years with anybody....

Roger's ambivalent description of Linda seems to

typify the family's feelings about her, even when, as in Alison's case, the feelings are further from consciousness and cannot be expressed openly. All of the Wilsons miss her and feel somewhat lost without her influence, yet all feel a sense of release from her dominance. Despite this feeling of release, her presence is palpable during the family interview. As a continuing influence and a standard by which the Wilsons define their behavior and their relationships, Linda is obviously still alive.

The family's experience of the death. Six years before her death, Linda had a mastectomy to treat breast cancer. She had almost reached the five-year mark after which her doctors would assume she was not going to have a recurrence, when it was discovered that she had cancer of the liver. Although her doctors gave her only three months to live, she lived for thirteen months. She refused to be hospitalized, and was cared for at home by her family, and also, towards the end, by a private nurse.

According to Roger, after her mastectomy Linda changed dramatically, and in a totally unexpected way. She became a happier and more relaxed person, and became extremely active socially, often going off with her own friends and leaving her family at home. As stated earlier, Roger attributes this change to Linda's apparent wish to make the most of her remaining time. The change seems to



have been a positive one for Roger, since his wife became more relaxed, less vigilant about his own activities, and more positive in her outlook on life. Although Julie and Alison do not contradict him directly, some of the stories they tell suggest that the change did not affect them in positive ways. For instance, as their mother would more and more often stay out with her friends, they, particularly Alison, assumed more of the household duties. Alison's story of Linda's absence from her sixteenth birthday dinner is an eloquent one, and she also describes incidents during her mother's illness in which Linda would demand that Alison cook dinner and then castigate her for asking questions about how to go about it. Julie tells of her mother's wish to keep her close to home, and her own rebelliousness; she does not seem to feel that her mother was more relaxed about her rules after the mastectomy.

During the last illness, Linda struggled to remain active until the last three months. The whole family remembers that she tried to leave her home in good order, and they recount certain instances with love and gratitude. Julie remembers her mother's last Christmas, during which she made sure that her daughters knew where all the decorations were kept so they would be able to find them the following year, when she knew she would be dead. Roger made long-avoided repairs on the house at her



insistence, and tells a touching story about his finding, after her death, a watch that she had obviously bought to have ready for their approaching wedding anniversary. And all of the Wilsons describe the fun of shopping with Linda, and the way she had of making simple events seem special.

When Linda was finally bedridden, Alison, Julie and Roger all willingly took part in her physical care, but Alison, unemployed and living at home, was the one who took on the greatest burden. During both the group and individual interviews, Julie and Roger repeatedly give Alison credit for what she did in caring for Linda, citing her long hours spent watching television with her mother, her nursing duties for her, and her assumption of all of the household tasks.

The final illness was grueling for everyone, and the family's life was dominated by the need to care for Linda and to protect her from emotional disturbance. The only family member who did not share in her care was Steven. His father describes his response:

He was a big kid, but...he acted strong, he's very macho, but I think inside he was really hurting, and he did not even wanna come into the room when we brought her downstairs. He'd come in and say something to his mother, but he sort of disappeared for most of the time.

Alison and Julie describe the difficulty of seeing their mother's gradual physical and emotional

disintegration:

Julie: Well, a couple of days before she did die, she wanted me to kiss her like I did when I was a little girl, and she kept asking me, like you did when you were little, and she kept telling me that it wasn't the right way, and I got frustrated because I didn't know, I didn't know how, I didn't know what she wanted from me, and that really upset me.

Alison: That was the sad part, to watch her become like a little girl, like kiss me, and--

Julie: Yeah, picnics, and--

Alison: That was the hard part.

Ironically, Linda died on the one weekend that Alison had finally chosen to go away with her boy friend. Julie, Steven and Roger were at home. Alison, sensing something she couldn't define, urged her boy friend to drive her home, and when she arrived found that Linda had died that morning. With the exception of Steven, the whole family reacted with open grief mixed with a sense of relief that the ordeal was over. Steven maintained a stony, emotionless surface which upset his father; Roger was greatly relieved a few days later when he found Steven upstairs crying. However, this emotional response from Steven was a rare event, and the whole family feels that he has never expressed or worked through his feeling about the loss. His behavioral response, however, was obvious. After Linda's death Steven's behavior became even worse, and he was constantly in trouble for stealing and substance abuse.

Julie, too, went through a very bad period in response to the death, drinking heavily, staying out all night, and having frequent conflicts with her father. This period ended only when Roger had a serious illness a year after Linda's death. Faced with the threat of losing him, Julie found that she was shocked out of her rebellious behavior, and from then on her relationship with Roger improved dramatically. Alison did not act out her grief in noticeable ways, except to try to take her mother's role in running the household, which angered Julie and Steven.

Roger picked up the burden of disciplining his grieving and misbehaving children out of necessity, and unwillingly. He seems to have been very angry with them for making his own adjustment harder. He gives a vivid description of what this period was like for him:

Being a one-parent family is not the easiest thing.... Julie was quite a gadabout...uh, a little bit more than her sister. But when her mother was living I never paid much attention...I didn't worry about it. And I used to tell Linda not to worry about it, but when she wasn't there, I would worry about it, we had some pretty good tiffs over it because I felt the pressures, there's nobody else to lean on, and you're supposed to be helping me by being at home, but it didn't work that way.

Family relationships. The current relationships in the family seem to be quite fluid, in that they change frequently in closeness and character. Everyone seems to

have had a somewhat different relationship to Linda. The marital relationship, as described earlier, seems to have been quite ambivalent and yet rich in a certain romantic intensity. Of her children, Linda was by all reports closest to Alison, and this relationship seems to have been at one and the same time very sustaining and very confining to the daughter. While Alison received more of Linda's approval and saw more of her vulnerability and her playfulness than the others, she also seems to have taken on the roles of confidante and companion. More problematically, she also assumed many of the burdens of running the family, allowing Linda to be more and more absent from her duties during the last years of her life. Alison is left with an ambivalence that is very uncomfortable for her, and finds it difficult to allow her anger full expression.

Julie misses her mother and the things they used to do together, but seems to have held a less complicated position in Linda's life. She perceived her mother as trying to rein her in, and responded by insisting on her independence. Thus, she came in for more criticism than Alison did, but, on the other hand, less was expected of her and a certain freedom of movement was possible. When she describes her relationship with Linda, she holds her own tendency to independence responsible for the fact that

they were not closer.

Like many things about Steven, his relationship with his mother is an enigma, since he is so uncommunicative that even his family wonders what he is feeling inside. They seem to all be in basic agreement that he feels much more than he expresses, and Roger feels that mother and son had a special relationship which he doesn't quite understand. He only knows that Steven, who has misbehaved badly with the rest of the family, treated his mother with more respect and better behavior than he managed to show in any other relationship.

The children's relationships with their father have changed considerably since their mother's death. Both daughters, and by Roger's account, Steven, too, have become closer to him. Julie's relationship to him is currently the most ambivalent, and this she expresses more comfortably during her individual interview. After his illness, when her behavior improved, the two became very close, in Roger's words, "like buddies." They worked through their previous troubles, and discussed new relationships and current problems. In the past year, however, Julie feels that Roger has been selfish and inattentive toward her, and particularly resents his lack of interest in her baby. In his individual interview, Roger attempts to justify himself by telling stories about



people he has known who were basically loving but did not make open gestures of love, and says in her presence that Julie has a "middle-child syndrome." Julie's bitterness toward him and his feeling of being unfairly attacked make the atmosphere very tense while they speak.

Roger is currently most attentive to Alison, seeming to feel guilt and a need to make reparation for what she sacrificed in staying with her dying mother. It is almost as if he feels he allowed her to assume a role that was rightfully his, and now wants to repay her by giving her more than he gives his other children. Alison is very dependent on him by everyone's account, including her own, and gratefully accepts what he gives, but does not feel that she asks for much--perhaps silently and even unconsciously concurring with his feeling of guilt and responsibility. When she first moved out of the house, she was so homesick that she called him every day.

Both sisters feel particularly close to Steven, and each sees herself as special to him. Julie feels she has been the most uncompromising with him, and helped him to behave more responsibly by refusing to be manipulated by his requests for money, shelter or help in being bailed out of trouble. Alison feels that she is his confidante, and that he can count on her for nonjudgmental support. The sisters have become closer to each other in the past few

years, after finally beginning to discuss their experiences of Linda's death. However, Julie sees Alison as too dependent and resents what she receives from their father, and Alison sees Julie as too judgmental and apt to give unwanted advice.

Finally, all three children apparently get along well with Roger's second wife, Joan, although initially all had problems accepting her presence in his life, which dates from around a year after Linda died. Alison resented her intrusion, Julie feared she would not treat Roger well, and Steven was simply hostile without explaining why. All have accepted her now, and see her as good for their father and friendly toward themselves.

The individuals in the family. Roger is a dominating presence in the family interview, often answering pointed questions with long, rambling answers. His verbosity seems to be a function of some need to make sure that he represents himself fairly and in as positive a light as possible. Many of his stories are self-justifying in nature, and he seems to wish to present himself as a father who has done a good job under difficult circumstances and should now be able to put down the burdens of responsibility without guilt. He has strong, inflexible beliefs about right and wrong which do not always concur with his children's beliefs. Sometimes, when

he speaks about such issues as drugs, he seems to be in conflict between his wish to appear morally firm and upright, and his wish to appear open-minded and contemporary in his thinking.

He is a man who seems in some ways to reserve the best parts of himself for his relationships with women. Although he and Linda argued a good deal, his descriptions of her are marked by sincere love and gratitude. He seems to have been relatively patient and forbearing in coping with her demands, and still seems appreciative of her love for him and the ways she expressed it. In his current marriage, he goes out of his way to please his wife by anticipating her needs and buying her things he knows she will like. He has been patient, too, with her occasional emotional problems, and again expresses a great deal of appreciation for her good qualities. He admits to having often taken his tension out on his children, who report, however, that they were very spoiled because he lavished them with material possessions--cars, bikes, stereos. This may have been his way of making reparation, as he seems to do now with Alison by giving her more than he gives the others.

Alison, at twenty-five, seems lost and confused. She appears younger than she is, and says she feels younger, too. Of great concern to her family is her

continuing, long-term relationship with a man who belongs to a gang, associates with people even Alison doesn't like, and who drinks. While Roger and Julie both mention this relationship, Alison mentions only that she doesn't like the people her boy friend hangs out with, and speaks of no other problems.

She sees herself as like her mother in her kindness and sensitivity to other people. She defines herself as the confidante in the family, the one everyone can come to when they need a willing ear. She derives her somewhat fragile self-esteem from this role, which seems to have been a central feature in her relationship with her mother. When her father describes her good qualities, he stresses her unselfishness and attentiveness toward others. It seems that Alison, assigned the role of the self-sacrificer, a role she has lived out in very real ways, has never had the option to express herself in more autonomous ways that might lead to personal growth. There is some indication that she struggled with anger throughout her childhood. It was Alison who apparently did the most inarticulate protesting, slamming doors and breaking things. She says she has always had a "sick stomach," often a sign of emotional distress. Yet, she stayed at home and did the job that was expected of her.

What is evident in Alison now is a vague but

pervasive sense of having missed out on a good deal of life and found that many opportunities have passed her by. When I ask, at the end of her individual interview, if she has anything to add to what she has said, she pleads her case gently:

[very softly] Um...I grew up very fast...when my mother was sick I was nineteen and I feel I missed out on some things. I was the one that had to be home at eleven o'clock.... Um...I was home a lot.... My boy friend's mother watched me grow up from like a young kid to an adult really within a year, because I did take care of, or try to take care of, Julie and Steven.... I have talked to my sister quite a bit about it...and she said to me one time that she had hated me, and I had no idea, you know...I didn't try to become the mother. It was just like if I didn't do it, no one else was really going to do it.

The anger with both parents implied in the above statement is, characteristically, very indirectly expressed. But very importantly, Alison is the only one in the family who seems to feel that she has had no choices in her life. Given the role she was assigned by the family, and the ways her assumption of that role allowed the rest of her family freedom to choose, she may be very right in this feeling. Now, perhaps responding to a feeling of guilt for having allowed her to be self-sacrificing, her family attempts to take care of her to make amends. And yet this very caretaking continues to limit her autonomy and restrict her growth.



Julie stands in great contrast to her sister. She describes herself as independent, a survivor, and nobody's fool. More outgoing and sociable than Alison, she has been more successful at finding resources outside the family to meet her needs. She maintains an uncompromising stance toward the world in general and her family in particular, and in this way is seen by the others to be like her mother. They also see her as like Linda in being temperamental. But when she is asked if she is like her mother, she cites very different qualities: "Sensitivity. Trying to do for other people and not thinking about myself." She, like Alison, wishes to identify selectively with Linda's more valued, less ambivalently related qualities.

Julie appears to be a very angry young woman who is disappointed in her family's behavior, and who derives a good deal of her self-esteem from a sense of being different from them. When asked how she sees herself in relation to them, she answers without a second's hesitation: "An outcast." And when asked what the family depends on her for, she answers just as promptly: "To be myself.... I've come to have the attitude, take me for what I am, or don't." Her great strength, and what seems to set her apart even more clearly from both Roger and Alison, is an ability to face her faults squarely and seek

help in changing them, from anybody who is willing to give it. While her words, like Roger's and Alison's, have the air of pleading a case, she seems not to be pleading for clemency for herself, but rather for validation of her anger. She wants her father to be able to see what she considers his mistakes, and she is very angry at his unwillingness to do so.

While Alison seems immobilized in her development, Julie has clearly changed a great deal since her mother's death. Initially reacting very self-destructively with drinking and rebelliousness, she came out of this period with a strong sense of responsibility and determination to succeed. She has sought counseling to help her with her anger consequent to Linda's death, and wishes that her family would join her in counseling now. Out of all the participants in this study, Julie is the only one who asks me for a referral to a psychologist, which I routinely offer to all subjects.

Steven, as described by his family, seems always to have been troubled. Taken to counselors all his life for behavior problems and underachievement in school, he seems to have struggled with fears of rejection by his parents. Roger reports that Steven used to drive his parents crazy by constantly asking if they loved him. It is impossible to know the source of these fears without speaking to

Steven and seeing his interaction with his family. Whatever the ways his development was molded, Steven now is a young man who is struggling to become responsible and law-abiding, and who is just beginning to learn to express his emotions.

Summary. The Wilsons are a family that, after six years, is still engaged in a visible struggle to accept and adapt to Linda's death. The problems in their adaptation seem to be related to one major issue: the role each family member has been assigned, and how that role affects his or her response to the death.

The different roles the Wilson children play in their family have had definite impacts on their current adaptation. All three children have had problematic responses to the loss; the difference seems to lie in their potential for working it through, as nearly as that can be predicted from their current adjustments. In some ways, it would seem that Julie and Steven had the most problematic reactions to the loss. Both acted out in very self-destructive ways, Steven with drug use and crime, and Julie with drinking and rebellion. And yet it seems that Alison, who behaved dutifully and remained attentive to the family's needs, is the one most at risk now. We can understand this by considering the nature of her role in the family as compared to those of her siblings.

As described earlier, Alison's role in the family allowed her little freedom of movement outside the family circle. She was expected to be present, to listen, and to sacrifice her own needs for those of her family. It is no mystery that she accepted this role, considering that by playing it she received most of the love, approval and gratification in her life. Being "sensitive" and attentive to others is a quality highly valued in this family. Everyone sees him- or herself as possessing this quality, but Alison possesses it more than anyone else, and in this lies her value in the eyes of her parents and her siblings.

Julie's and Steven's roles were certainly maladaptive, and both flirted with disaster during their acting-out years. Yet their acting-out allowed them access to influences outside the family and allowed them to achieve separation. (This is more clear in Julie's case than in Steven's, since she was present to speak for herself during this interview; further, Steven's life-long problems require much more attention and analysis than can be realistically achieved through his family's secondhand accounts.)

Because Alison's self-esteem lies in her value to her family, while Julie's lies in her role as the honest and uncompromising judge, their lives have taken

dramatically different turns. The most interesting question about them is why their roles are so different. While it is not possible to answer this question with authority based on the information gathered in this brief interview, one strong possibility emerges. Alison, perhaps because she was the first child, or perhaps having a naturally timid and accepting nature, apparently filled a very important need for her mother. Linda needed a confidante, a playmate, and an accepting companion. As Alison describes their relationship, it sounds almost like a friendship between young girls rather than a mother-daughter bond. On the other hand, Roger struggled hard to cope with the demands of a possessive and domineering wife, without endangering the strong romantic attachment which made his marriage acceptable, and even exciting. Jensen and Wallace (1967) cite cases in which adolescents act out their parents' unconscious needs, and this may well be the case with Julie, and perhaps even with Steven. Julie was the champion of freedom in this family, the voice of dissent. It is possible that she spoke not only for herself, but also for her father, and that in staying out all night and defying the family rules, she was behaving in a way that also expressed her father's need to escape his wife's rigid rules. It is possible, also, that, having filled her father's needs in this way, she feels



that he owes her payment in the form of attention, respect and celebration of her achievements. Perhaps here lies the root of her disappointment and anger.

#### Family #4: The Grants

Heidi Grant, an eighteen-year-old freshman, saw my advertisement in the psychology department at her university. She said that she would like to participate in the study, both because it interested her and because she needed the extra credit she would receive for the psychology class she was taking. She said that her father, George, had died seven years before at the age of forty-two. She was confident that her mother, Louise, forty-eight, would be willing to take part in the interview, but did not know whether her brother, David, fourteen, would do it. When asked, David refused to take part, so I interviewed only Heidi and Louise. Because the Grants live several hours away from the school Heidi attends, we arranged that I would visit them at their home during a school vacation when Heidi would be there.

The interview. The Grants' house is located in a small suburban town close to a major Eastern city. It is a roomy, comfortable home that has a hospitable air about it. Heidi, Louise and I sit around the kitchen table for the interview, and Louise brings cookies and coffee.

Throughout the interview, mother and daughter are friendly and willing to answer any question I ask, yet they maintain a certain reserve. While they answer thoughtfully and obviously take great pains to be accurate in their responses, nevertheless there is a distinct sense of their being a closed unit, together in their shared experience. They do not exclude me coldly, and do not seem guarded, nor do they appear to be closed in general to outside relationships. Rather, this is an appropriate reserve that stands between themselves and me, a stranger to their family. They are cordial, and conscientious about giving me the information I need, but not interested, as some other families are, in what my research may have to offer them. They have made a commitment to participate, for the purpose of Heidi's earning her extra credits, and they are honoring their part of the bargain. Mother and daughter know each other well, and share many perceptions of the family's experience. They laugh together during the interview, and find no reason to contradict each other. They answer my questions very directly, and do not add many stories or associations that come to mind as a result of my questions.

Midway through the interview, David comes home from a friend's house. He, too, is cordial, greeting me politely when he is introduced to me. There is no

hostility toward my presence, as there was from Scott Baxter. David has simply decided not to participate, and no one pressures him to do so.

In general, the Grants do not seem worried about their adjustment to George's death. Although they have not thought about the experience in the ways that some of my questions ask them to, they do not seem to be looking for new ways to think about their loss. They have suffered it and coped with it, and are confident that they have adapted well.

The family. The Grants' lives have been very much oriented toward family activities. George, who was a veterinarian, owned his own business and involved his family in it in various ways, allowing the children to watch him work, and asking his wife to do the bookkeeping. Heidi and Louise both remember their family life as very close-knit and involving many activities in which they all participated together:

Louise: We did everything. Cultural events, we went out to dinner, we went to museums and movies and shows and anything that a family would do.

Louise worked part-time as a substitute teacher, but was home most of the time with the children. After George's death, she attempted to maintain the family's routine and to continue to do all of the things they had

done while he was alive.

The Grants are people who value education highly and consider a college education a matter of necessity rather than one of choice. Good performance in school has been an important standard for the children to live up to. There seems to be no dissent in the family about values; rather, conflict centers on common irritations in daily life, and the family members feel free to argue and yell at each other. Describing what the family fights about, Heidi and Louise are in accord, and share amusement:

Heidi: Stupid things. Trivial.

Louise: Yeah.

Heidi: Playing my stereo [laughs].

Louise: Right, or if she's on the phone a long time, or if David isn't doing his homework. Very basic, day-to-day things that a parent would get angry about [laughs]. Nothing major, that I would say is unusual. Basic daily things, homework, television, phone...that's really all I can think about. I mean, we do yell a lot [laughs]....

While the family values, centering on education and achievement, are clear, the overall attitude toward each other is accepting and appreciative. Confident in their presentation to an outsider, the Grants seem equally confident that they are valued by each other.

The extended family. Louise has two sisters who live in other states and see the family only rarely. George's brother's family lives close by, and the two

families have been very close. The children were particularly close to George's brother, who died three years after George did.

Both grandfathers died when the children were very young. The family's central unit invites and includes both grandmothers. Louise's mother is currently living with the family, and George's mother is a frequent participant in the family's life. The two grandmothers are very good friends. While Louise speaks appreciatively of her family's support after George's death, it does not seem to be the case that the Grants became closer to their extended family after their loss. Rather, the relationships were already close, and continued without disruption after the death.

The family's description of the parent who died.

George is described lovingly and in detail by both mother and daughter. In their descriptions they include both good and bad qualities, integrated into a realistic portrait of an energetic, perfectionistic man who was very much involved in his children's lives, who spent a great deal of time in their company or making things to please them, and who sometimes irritated the whole family by refusing to admit his own mistakes. As Heidi and Louise present their family conflicts with amusement and acceptance, so they present George's flaws and his more irritating



qualities--with amused tolerance, and without any evident emotional conflict. The following exchange illustrates their ability to integrate various feelings about him:

Louise: He was an honest person...an honest, caring person, he never told a lie. He was the only person I knew, he wouldn't say anything if he couldn't tell the truth. He didn't want to lie, and I would say to him sometimes do you promise this, do you promise it, and he would say no [laughs], I don't promise it, because it might not happen. He was caring, he cared about his family a lot. He loved to do things for us. He was sometimes a very stubborn person....

Interviewer: What kinds of things did he tend to be stubborn about?

Louise: Oh, when he was wrong. I think he didn't like to admit he was wrong [laughs].

Heidi: [with amusement] Never. Never ever ever. That's one thing that I remember, he never would admit when he was wrong.

Louise: He rarely made mistakes, and I think that he tried very hard not to make mistakes, he was a workaholic, he was a perfectionist, he had to be to operate an animal hospital [laughs].... He would never stop in the middle of something he had to finish, and if you got in his way when he was trying to do something, he would either say go away and if you didn't go away he would yell....

Heidi: Yeah. I remember that. I remember him telling me...I remember it so vividly, saying that when you do something you have to do it right and finish it, never do it haphazardly.

Louise: And I never did that. I was not like that [laughs]. If I started something and couldn't do it I put it away for another day.

In their mutual description of him, both Heidi and Louise confront those qualities in George that sometimes caused conflict with him, and seem to have a keen appreciation both of the difficulties and the advantages of his being as

he was.

In addition to his perfectionistic attitude toward work and other endeavors, George is remembered as a basically kind and loving man who spent time playing in the snow with his children and making them toys in his workshop. Heidi remembers, in the following story, his ability to take time out from his work to please his children in creative ways:

My brother had a stuffed bear, and it had this moo sound when you turned it over, and my brother would hate it, it would scare him, so--we still have pictures of it--we had kind of like a mock operation where he gave me a little nurse's cap, and I sat there and he cut the bear open and took the thing out that made the noise...you know...that was nice, I think it's because I have those memories--you know, I think a lot of people don't have that.

The family's experience of the death. George's death was sudden and totally unexpected, occurring when he was forty-two, Louise was forty-one, and the children were eleven and seven. Although there was no history of heart disease, he died at work one day of a massive heart attack. Louise, out shopping, came home to find her brother-in-law and George's associates from the hospital waiting for her. The news of his death was a stunning blow, and Louise describes feeling that "I couldn't believe it and...I cried. I was like, you know, in a haze the rest of that day."

Heidi, returning from school, saw her uncle's car outside, and was pleased that he had come to visit. When she entered the house she knew something was wrong, but with a child's perceptions could only imagine that something had happened to one of the family pets. When her mother told her George had died, she ran to her best friend's house, and her cousin had to follow her and bring her back. Heidi and Louise both remember that David cried when told of the death, but that nobody saw him cry after that. They also remember that it was George's mother, who had lost her own husband in a car accident twelve years earlier, who asked for and received more attention than anyone else in the family when George died. They remember themselves, on the other hand, as not craving or requesting much attention from outsiders, or indeed, from anyone other than each other, Louise's mother, and one or two very close friends.

Uninterested, as they are, in outside help for their family, the Grants perceived the funeral and the following gathering at their home as very irritating and intrusive. They are not a religious family, and did not seek comfort from any religious ritual. Rather, they went on with their lives with great determination. Louise describes her worry that the loss of their father would create a gap in her children's lives that she would not be

able to fill. Her first reaction was to drive herself very hard to make sure that that did not happen:

I tried for there not to be a change in their life, as much as possible, I probably overdid it, I didn't want anything to be different for them...even though it was. I tried to take their places, I think I ran myself ragged for the first few years, going downtown and going to shows...just doing everything for them, because I didn't want them to feel that they had missed out on anything.

But at the same time she attempted to maintain the routine and level of activity in her family's life, Louise also made it a point to talk about George and discuss his death, and about how they all felt about it: "Even if they didn't want to, we sat down and we talked about it."

Because Louise had to arrange the sale of George's business, she was very busy during the first year after his death, and Heidi took on some new responsibilities, sometimes coming home from school and cooking dinner for herself and her brother. She remembers that she sometimes felt lonely and overwhelmed, but at other times enjoyed being responsible. At eleven, she worried about her mother's adjustment and wanted her to feel better as soon as possible. Louise remembers that Heidi was a great comfort to her after the death.

Both children showed some evidence of a normal struggle in accepting their father's death. Heidi



remembers a frightening dream shortly afterwards, in which her father appeared to her:

He came into my room, and he, if he would come near me and touch me I would die too or something like that, and it was a weird feeling, I had to run away from my father, but yet I didn't want to.

In this vivid dream, Heidi struggles to integrate her yearning and love for her father with her fear of him now that he is dead, and her unconscious (and common) belief that death will render him a punitive presence.

David's initial reaction also revealed his internal struggle. For six months after the death, he refused to sleep in his own room, and refused Louise's offer to sleep in her room. Instead, he slept in a spare room that lies between his own and his parents' rooms. We might speculate that the invitation to sleep in his mother's room was too threatening for a boy of seven, who can be expected to be involved in an Oedipal struggle to integrate his libidinal wishes toward his mother with his fear of his father's retaliation. David evidently found his own way of being closer to his mother, for safety and comfort, without risking his father's wrath.

Several years after the death, Louise returned to school to earn a graduate degree that would allow her more latitude in her career. Currently she is happily involved



in teaching and job counseling. The family suffered no financial reverses after George died, since he had planned very carefully for their future, and all of the family members have the freedom to pursue their interests as they wish.

Family relationships. The Grants are clearly a family who reserve the more intimate knowledge of family structure to themselves, and the possibility must be acknowledged that their family relationships seem uncomplicated because they choose to present them as such. Nevertheless, they make no discernible attempts to withhold information, and their descriptions do suggest a network of relationships that seem remarkably well-balanced and sustaining to everyone.

The marital relationship is described as a very happy one. Complementary in some aspects of their personalities--for instance, in George's perfectionistic attention to detail as opposed to Louise's more relaxed attitude toward her own tasks--husband and wife nevertheless shared basic beliefs in family values and designed a family life that satisfied them and their children. Louise's descriptions of George reveal her loving appreciation of his finer qualities and her ability to tolerate his more irritating ones. It is clear, too, that she felt equally appreciated and respected by him.

In fact, both Louise's and Heidi's relationships with George seem to have been characterized by mutual respect and appreciation. As she describes her relationship with her father, Heidi unintentionally suggests one reason for her basic satisfaction with herself and her achievements:

He was a good person, he always made you feel good, never...I know a lot of people where their fathers don't really appreciate their daughters or their sons maybe, they put a lot of pressure on them. They make them feel that they have to prove themselves, and I never felt that way at all, I never felt pressured that I had to prove myself, I felt that he loved me for what I was.

Heidi and Louise both describe their relationship to each other as very close, containing some elements of a mother-daughter relationship and some of a friendship. They maintain very frequent contact through phone calls and letters while Heidi is away at school, and both feel that they can discuss anything with each other. Heidi feels that her mother is sometimes too strict, and says, with eighteen-year-old confidence, that when she has children she will let them be more independent.

Mother and daughter both have good relationships with David, and attribute his relative reticence to his age rather than to any hostility or dissatisfaction on his part. Louise feels certain that David can talk to her about anything he needs to talk about, and observes that he

is also able to talk to his grandmother. For a while, she pressured him to work harder in school, since he was not a high achiever as a younger child. Now, however, he has become an A student, and she is very satisfied with his performance. Louise has difficulty in describing David's relationship with his father, since David was so young at the time of George's death. She remembers no particular problems or conflicts, and does not give much sense of the quality of their interaction.

The individuals in the family. Louise Grant, at forty-eight, is a woman who seems quietly satisfied with her life despite the loss of an apparently ideal marriage and family life. She describes herself as a person who does not like to be pitied or to dwell on the negative aspects of life, and she has clearly responded accordingly to her husband's death--determinedly carrying on family activities, attitudes and values. If she has poured her energies into her children to the exclusion of attention to her own needs, it does not seem to have affected her adversely. Rather than using her children as vicarious objects through whom she can avoid expression of her own grief (Greene, 1956), she seems to have included her children in her emotional adjustment, sitting the family down to talk about George's death "even when they didn't want to."

An intelligent woman who values education and achievement, she has passed these values on to her children without much resistance or resentment on their part. Perhaps the key to her success in this endeavor lies in her ability to see her children as individuals and to convey to them how much she values their unique qualities. When I ask if she thinks that Heidi is like her, she answers, "Sometimes I hope that I am like her, because I feel she is so sensitive and helpful to people..."

Heidi, at eighteen, is a young woman who has typical anxieties about her performance in college and her career ambitions. Yet she shows little of the identity confusion or dissatisfaction with her personal qualities that many adolescents feel. She enjoys her friendships, and is currently more interested in them than in a romantic relationship, although she feels that when she is ready she will be able to meet someone she likes. She sees herself as like both her parents, and without any conceit or grandiosity says that she feels she has the best qualities of both of them. She says that what she likes best about herself is her honesty, that "I don't change for anybody," and she attributes this quality to her father's never having put any pressure on her to be other than what she was.

While George's death added more responsibilities to

Heidi's life, apparently she has derived a good deal of her self-esteem from her ability to meet those responsibilities. She feels that she is more mature than most people her age and attributes this to having had to adapt to her father's death. It is apparent in listening to Heidi that she respects herself as an individual, and also that she is grateful to her parents for the qualities she gets from them, and that neither feeling diminishes the other. She is perhaps more attached to her mother than many women of her age, and this she acknowledges, although she does not feel unhappy about it. Rather, she feels that because of her father's death she has learned to value a relationship that most people take for granted.

As his mother and sister describe him, David has changed dramatically in the past few years. Since those years encompass the ages of eleven to fourteen, many of the changes are developmental and would have inevitably occurred around this time in his life. Yet, as they describe it, the change seems to have been quite definitely toward an identification with his father, and have resulted in David's being a noticeably happier person. Both Heidi and Louise state that David has begun to "try to take on the male role" in the family, helping his mother with the heavier household tasks and in general taking on more responsibility. Like his father, he is good at making



things and is perfectionistic in such work. Although Louise feels that she has had to pressure him a good deal and that he has disliked her pressuring him, he has recently begun to work hard in school and is pleased to be getting very good grades. Overweight as a younger child, he put himself on a strict diet and is now slim and pleased with his appearance. He is now much more active socially than he has been before. All of these changes bespeak a certain determination to succeed, along with a wish to begin to separate from his all-female family. Because all of the information about David is second-hand, conclusions drawn about him are speculative, but by all appearances he is currently achieving a very useful identification with those valued qualities he remembers in his father.

Summary. Of the eight families interviewed, the Grants seem to have achieved the least complicated and most effective adaptation to the loss of a parent. No one in the family describes any major difficulties or dissatisfactions, although all clearly struggle to cope with any number of the demands and disappointments of ordinary life. While much attention has been paid to complex reactions to loss, and to understanding the ways in which pathological reactions occur, relatively little attention has been given to why people adapt well when they do. Because of the limited interview format used in this

study, it is difficult to make authoritative conclusions about what worked so well in this family. Yet two unusual qualities stand out that may at least partially account for their success in adapting to the loss: the family's ability to integrate negative and positive feelings toward the parent who died; and the parents' ability to nurture their children while allowing them as fully as possible to feel separate and to feel appreciated as individuals.

Both Heidi and Louise display an unusual ability to tolerate and integrate ambivalent feelings about George. Both describe the fine qualities they appreciated, and many of which Heidi feels she possesses, yet both also remember his stubbornness and his inability to admit when he was wrong. Both remember fighting with him and being angry with him, yet when they describe these events it is with tolerance and a somewhat rueful amusement. Unlike the Wilsons, who describe Linda's more difficult qualities with a sense of underlying and unresolved anger, the Grants have apparently moved beyond active anger toward George, and simply remember him as a basically good and loving man who was not perfect.

As so many theorists have argued (Klein, 1940; Bowlby, 1963; Volkan, 1970), the ability to integrate ambivalent feelings toward the lost object is central to the overall ability to adapt to loss. It is necessary to

work through both the yearning for and missing the valued qualities of the object, and the anger toward the object for its hateful qualities and for its desertion, for acceptance and adaptation to occur. In families, when both sides of the ambivalence are not expressed, a number of maladaptive responses can occur. For instance, when the anger is not worked through, a family member can be scapegoated and the anger directed toward him or her (see Family #7: The Sheehans). Or, the dead person can be maintained as a saint in the family's memory, and the survivors suffer by comparison to this saintly presence (see Family #5: The Browns).

The second unusual quality in this family is the parents' ability to value their children as separate individuals. Heidi is eloquent in her appreciation of her father's acceptance of her "for who I am," and of the lack of pressure she felt to change herself to get her parents' approval. Louise is unresponsive to questions about whether she thinks her children are like her or like George, insisting that they are individuals; while she does see similarities between children and parents, she does not seem to depend on these similarities for her sense of self-esteem. While David did not speak for himself, in his mother's description of him there is an obvious pleasure in the person he is becoming and a corresponding interest in

seeing what new qualities will emerge in him as he grows. She has only attempted to change him in his attitude toward schoolwork, and apparently this has been a value that David has found easy to adopt as he matures.

Thus, the Grant children have apparently grown up relatively free of any feeling of pressure to behave in certain ways in order to contribute to their parents' sense of self-esteem, and correspondingly free of major conflicts between their own and their parents' values. Although Heidi feels that she fights for her independence, she and David have not had to fight for independent identity.

How the Grants were able to achieve such family harmony is not totally clear. The role of constitutional traits in determining parent-child relationships cannot be overlooked, although we have no way of separating inborn qualities from those that develop as a result of environment. It could be, however, that the Grants were lucky in having children whose basic characters were very compatible with the values and expectations their parents did place on them. Had either Heidi or David felt compelled to pursue paths in life that did not fit in with their parents' wishes, adaptation in this family might have been quite different.

## Family #5: The Browns

Cindy Brown, eighteen, saw my advertisement in the psychology department at her university. A freshman enrolled in a psychology course, she wanted to participate for extra credits. Her mother, Evelyn, had died of cancer eight years earlier, in her late fifties, when Cindy was ten and her sisters were twenty-two and twenty-five. Cindy said that she would ask her father, Jack, sixty-three, and her sisters, Sheila, now thirty-four, and Robin, now thirty-one, if they would take part. Sheila, who works full-time and has a young family, said that she was too busy, so I interviewed Jack, Robin and Cindy. Since the Browns live several hours away from Cindy's school, I visited them during a vacation when she would be home.

The interview. The Browns' house is a modest frame structure in a quiet neighborhood on the outskirts of a large Eastern city. Inside, the atmosphere is dark and somewhat sombre. For the interview we arrange ourselves in a rather formal group in the living room. Jack, Robin and Cindy sit in a row on the sofa, and I face them in an easy chair Jack has politely pulled up for me. Cindy's boy friend, Colin, occupies another chair to my left. Throughout the interview, Cindy and Colin often exchange subtle but noticeable looks of scorn or exasperation as



Jack speaks.

The Browns are all active participants in the group interview. Jack dominates the interaction somewhat, and his answers tend to be rambling and disorganized. He often seems to be silently asking for validation, and even for absolution, while Cindy has the air of an uncompromising speaker of truth--and the truth, for Cindy, is bitter. Robin, a gentle, smiling young woman who laughs frequently and anxiously during the interview, finds kind interpretations of all family events, and seems to be, at least in spirit, the family mediator. She, too, has a young family to care for, but, unlike her sister Sheila, Robin has found the time to take part in the study. My feeling as I listen to her speak is that she is here to modulate and buffer the interaction between her father and sister, and to make sure that I leave the interview with a positive impression of her family.

Because of the very evident spirit of distress and underlying anger that permeates this family's presentation, the group interview is an uncomfortable experience. When they are answering questions about Evelyn's illness and death, their mood becomes extremely depressed, and Robin fights tears to the extent that she finds it difficult to speak.

During the individual interviews, all three clearly

have cases to plead. Cindy's presentation is angry and she seems to demand reparation; Jack's is defensive, and he seems to plead for understanding. Robin's most apparent feeling is one of guilt over a number of failures she feels she has made in relation to her family. She seems to be asking me to believe that she knows she is bad, and is trying very hard to do better.

The family. Jack Brown worked for a major manufacturing company for many years in a middle-management position. Recently, the company has been failing, and at sixty-three he has been laid off. Until this point he has worked steadily, and Evelyn stayed home and raised the children.

In fact, Jack seems to have had little to do with his children's upbringing, except, in his own words, to be the "disciplinarian." Yet, he says, he and Evelyn never had any problems with their children, and there was never much trouble in the family. It seems to have been a family in which events or feelings that may have caused distress were never discussed.

The Browns did not do much together as a family, although the daughters remember spending a good deal of time simply sitting with their mother and talking. It is very difficult to get a sense of the quality of this family's life together, except to notice that in their

descriptions of daily life a regular routine is stressed, and the parents seem to have taken all the responsibility to keep the house running smoothly, even when the children were old enough to help.

According to Jack, Cindy's birth, twelve years after Robin's, was intended to be the start of "a second family." However, Evelyn's illness began when Cindy was four, so there were no other children, and Cindy grew up relatively isolated from her sisters, who were so much older. Now, she says that the people in her family hardly ever see each other, and she wishes they were closer. Jack drops in frequently on Robin, who is staying home to raise her children, but otherwise the Browns get together mainly on holidays. Although Robin attempts to be close to everyone, the family gives the basic impression of a group of people who are isolated from each other in their emotional experience, and who have a hard time communicating many feelings to each other.

The extended family. The Browns have a limited extended family. Both of Jack's parents are dead. Evelyn's mother lives nearby and is very close to her granddaughters, particularly Cindy, for whom she has been more mother than grandmother since Evelyn's death. Evelyn had one brother, whose family shared holidays with the Browns, although now the two families don't see each other

often. Jack is one of five children, but his siblings live in another part of the state and he hardly sees them. No major changes seem to have occurred in extended family relationships since Evelyn's death, except that her mother has taken more of a role in raising Cindy.

The family's description of the parent who died.

When I first ask the Browns to describe Evelyn, Robin begins to sob. The following exchange is a typical example of the family's participation in praising the dead, which occurs frequently throughout the interview:

Robin: Most of the people who really knew her called her a saint [laughs and cries simultaneously].

Cindy: Yeah...yeah.

Interviewer: Do you agree with that?

Cindy: Yeah, I'd say...

Jack: Well, she was a very gentle person, and uh...one of the things she really had a, a, uh...she never had an unkind word for anybody, I don't think there's anybody who met her or knew her that didn't like her, you know, it's kind of hard to--to wrap it up in some terms, you know...

Cindy: She didn't argue with anybody.

Jack: I know as we'd been married twenty-seven years, and whatever goes on nowadays or even before, but I don't believe in twenty-seven years of marriage we ever had anything that you could call an argument.

Cindy: Oh, she put everything before herself, everybody.

Robin: She spoke on the phone to my grandmother every single day. And when my father's mother was living, she talked to her every day, too.

The idealization of Evelyn is the one pursuit that this

family eagerly engages in together. From their descriptions. Evelyn emerges as a self-effacing, self-sacrificing person whose gentleness and refusal to argue maintained peace in her family.

Other than her gentle and peacemaking traits, no very distinct aspects of Evelyn's personality are evident in her family's descriptions of her. Jack says that she was very sensitive, and her feelings were easily hurt. Both daughters remember her as always interested in their pursuits and always willing to spend time talking to them; Robin says that the three daughters were the central focus of their mother's life. Jack has nothing but praise for his wife, but his praise centers on her absence of argumentative qualities rather than on the presence of any other types of qualities. It is very obvious that all three still miss her intensely, and that her presence was a very important one in making all of her family feel loved and valued. Those feelings are painfully absent from the family's experience today.

The family's experience of the death. Evelyn had breast cancer six years before she died, and had a mastectomy to treat it. Throughout the following six years she had several recurrences, and underwent several courses of radiation and chemotherapy. In many families that live through such a long course of a debilitating illness, the



illness itself becomes a presence in the family, often one that dominates family experience and, toward the final decline into death, obliterates all other aspects of family life. In the Browns' case, Evelyn's illness seems to have been a silent, ominous presence that everyone tried to ignore, including Evelyn.

By all accounts, Evelyn insisted on living her life as if nothing unusual were happening. Except for the times she had to be in the hospital, she maintained the house as usual and refused to let anybody else share in household chores. The possibility, which later became the probability, and finally the certainty, of her death were never discussed. In this family that discourages emotionally-laden interaction, everyone simply pretended that nothing was happening. Robin describes, with retrospective disbelief, her own refusal to acknowledge the truth:

My own reaction was so unrealistic. I denied it right up until the week she died, I mean it's hard to believe, but I did. I remember her telling me that she was going to go off chemotherapy...I was driving her to her doctor's when she told me that, and I said, oh, then what is he going to do? And she said, uh...something about shots instead of the intravenous. And uh...she said oh I don't know, we'll see after that, and uh...I still managed to sail right on refusing to acknowledge it.

Cindy, only ten when her mother died, remembers a

vague sense that something was very wrong, complicated by a great deal of confusion. She was not told the nature of her mother's illness; although she knew it was cancer, she "didn't know what cancer was." Yet her memories of the details of the final illness are vivid, and she describes her mother's reaction to her treatments with a horror that is even now, eight years later, still with her:

I was scared. 'Cause you know they'd take her into a room and she'd come out and she looked horrible. Felt horrible. She'd come home and be sick, she'd be throwing up. And her hair started to fall out, 'cause she had long brown hair, and it scared me because she'd wake up in the morning and there'd be mats of hair. I was gettin' really scared 'cause I didn't understand it. All I knew was that she was feeling pretty bad.

Jack was the only one in the family who knew that Evelyn was going to die. He is bitter towards the doctors who, he felt, should have found her recurrences early enough to save her. Even now he can discuss the way he and Evelyn handled their knowledge of her approaching death only with great difficulty. When I ask if they discussed whether or not to tell the children she was going to die, he becomes practically incoherent in his response:

No. Because we, really we would never use that term ourselves. [The term Jack is referring to is my use of the word 'die'.] Although we had talked about, had on occasions talked about--well, neither one of us--well, I don't think it's kind of weird because we didn't think it helped, doing that, we didn't discuss in terms

of, uh, this is gonna be fatal.

Evelyn insisted on caring for herself as much as possible even during the last few weeks she was at home. One day she went into the kitchen to get her medication, and the pain from the cancer in her spine was so intense that she fainted. At that point she had to be taken to the hospital, where she went into a coma, and died a week later. At her final collapse, Evelyn called her family together in the hospital to give them some last messages. Sheila was told to summon her husband, and Robin, her fiancé. Everyone gathered around Evelyn's bed. Robin sobs again as she relates that her mother told them all to take care of each other. The only person who did not know at that point that Evelyn's death was imminent was Cindy. She describes her terror, and her mother's reaction:

Really she didn't let on to me... 'cause I said... everyone left to eat. And I was holding her hand. And I asked her if she needed anything. And I just started crying. And, um... [cries]... she told me she was gonna be okay.

When Evelyn died, everyone was with her but Cindy, who had been taken to her uncle's house to stay for a few days. Evelyn died after five days in a coma which the family describes as very difficult to watch; she fought for every breath, and seemed to be in pain. Both Robin and Jack describe feeling some relief at having her suffering

end. They returned home, and waited for Evelyn's brother to bring Cindy home. Cindy remembers that when she arrived her father told her that her mother had loved her very much, but had passed away, and that her father and sisters all tried to comfort her. She ran upstairs to her room to be alone.

Family and friends helped the Browns through the funeral, but shortly after Evelyn's death the family's life changed dramatically. Robin, as her mother would have wished, went ahead with her planned wedding a month later. She and her husband lived in the family home for several months until they moved away to attend graduate school. At that point, Jack took on the full responsibility of raising Cindy, and she began to come home to an empty house every day. Sheila had been married for some time and was living apart from the family, and there was no one to replace the mother who had so totally occupied her daughter's life.

Family relationships. The relationships that stand out most clearly in this family's experience are those each family member had with Evelyn. Even so, these relationships are so idealized in memory that it is very difficult to tell what they were really like. Evelyn remains everyone's standard for kindness, gentleness and unselfishness in this family; no one feels that he or she has lived up to the standard she set.



Jack is not very vivid in his description of the marital relationship, except to convey a sense of his satisfaction with his wife. He praises her for being the only person who could get along with his very difficult mother, and stresses the fact that everyone who knew Evelyn loved her. There is no indication that husband and wife had much of a life apart from their family, and the family itself seems to have been run by Evelyn much more than by Jack. Separately, in their individual interviews, both Cindy and Robin say that their mother, in refusing to argue with their father, let him get away with too much. Both wish that she had been more assertive in her marriage, and this is the only negative thing that anyone says about her throughout the interview; even in this statement they direct their negative feelings more toward their father than toward their mother.

Robin describes her relationship with Evelyn as very warm and close, but feels that, even at twenty-two (her age when Evelyn died) she was childish and immature in the relationship. She berates herself for not helping her mother more and for sometimes protesting when her mother told her to do something such as put on a sweater. In her memory, Evelyn never asked her daughters to help around the house, and even spoiled them by automatically doing all the chores herself. Robin feels that Evelyn's life was built



around her children, and that she got her joy from seeing them happy.

Cindy says that throughout her young childhood she was "practically physically attached" to her mother, and spent every evening lying in bed with her watching television. She bitterly regrets never knowing her mother as an adult daughter would, and only remembering her small child's knowledge of a parent. It is apparent that Cindy's mother was very much the dominant figure in her life, and that she spent less time with friends and more time with her mother than even most smaller children spend.

No one seems to have had much of a relationship with Jack until after Evelyn's death. Since then, Robin has become closer to him, and says that this has become possible for her because she no longer expects him to change at all and can accept him for what he is. He seems to depend on her for the only acceptance he gets in his family, and feels that in her kindness and gentleness she is like her mother.

Cindy's and Jack's relationship is the one that is most clearly described in the interview, and the one that causes most distress in the family now. Their relationship seems to carry all the ambivalence that cannot be expressed toward Evelyn. Jack sees Cindy as irresponsible and feels very attacked by her anger and her criticism. Cindy sees

Jack as narrow-minded, opinionated and argumentative, and feels that she has suffered "verbal abuse" from him for years. She gleans some self-esteem from feeling that she is the only one in the family who fights back. Jack feels that he put a great deal of effort and sacrifice into raising Cindy, and obviously is confused and taken aback by her apparent ingratitude.

Sheila, absent from the interview, is not very clearly described by her family. Robin says that she is very close to Sheila, and always has been because they are so close in age. Since Evelyn's death, Robin has taken her problems to Sheila, whom she seems to admire and respect. Evelyn, according to Robin, thought that Sheila was a "lone wolf" who tended to go off by herself and aggressively pursue her own interests. Cindy feels that both of her sisters are inattentive to her, that she cannot talk to Robin because Robin is too occupied with her children, and that Sheila has no time for her. Robin says that both she and Sheila feel guilty because they have not put more time and effort into helping Cindy grow up; both now worry about her and feel that they are not as close to her as they would like to be.

The individuals in the family. Jack Brown is a man who seems to be unhappy about most aspects of his life. Laid off from his job at sixty-three, he did not feel ready

to retire and is fighting boredom and inertia. He is a person who clearly has very firm ideas about right and wrong, and who works hard to meet his own standards of behavior, which include meeting one's responsibilities no matter how difficult the circumstances. Described by his daughters as opinionated and argumentative, he does seem inflexible in his views, and unable to empathize or accurately understand other people's experience. Yet in his own assessment, he has met his obligations bravely, and he is clearly bewildered and upset by his daughters' opinions of him. His family disapproves of the way he is, yet he can conceive of no other way to be. Apparently, Evelyn's presence shielded him from the need to confront his own difficulties as a father, since she took on the major role in raising their children. And since she so willingly absorbed his opinions and his arguments, he did not feel that his domineering ways were flaws until she was gone and he saw himself mirrored in his daughters' disapproval.

Inarticulate and awkward in stating his feelings, Jack is unable to reach his children to change their opinion of him. Even Robin's acceptance of him seems to be more an attempt to identify with her mother than a feeling that has grown out of knowledge and love. During his individual interview, Jack was very clearly trying to

enlist me on his side, to prove to me that he had really been a good father. He was loath to stop talking when the structured questions had ended, and went on for a long time after the tape was turned off relating the difficulties of being a single parent. His loneliness and isolation are very evident.

Robin seems young and vulnerable for her thirty-one years. Smiling, kind and soft-spoken, she is plagued by feelings of guilt over her past behavior, especially toward her mother. Her greatest pleasure in life is her family; married for ten years and with two young children, she seems to be following in her mother's footsteps, staying home to raise her daughters and pouring her energies into them. She feels that they are happy and well-adjusted children, but worries that she is "not doing things right" in raising them. She is tormented by regrets that she did not help her mother more (ignoring, as she tearfully relates these feelings, that fact that her mother simply refused to allow her daughters to help her). She frequently has dreams that her mother is alive for a few more months, and that she now has the chance to say many of the things she wishes she had said to Evelyn. I ask her what she would say if she could:

Well, as my father said, my mother was very sensitive, and um...I think any kind of little tugs of war like, are you wearing a sweater, and

um, you don't have to tell me I need a sweater [laughs], I'd like to be able to reiterate to her, you know, that that type of, this is just...just feeling that I'd like her to know that any, um...bickering back and forth or anything that, if I was irritable or something, I want her to know that the irritability was just growing pains, or it had nothing to do with our basic relationship.

Robin's sense of her own destructiveness is quite exaggerated. The ordinary child-parent "bickering" she describes has become, in her memory, something that hurt her mother deeply, although her mother apparently never openly showed hurt in these instances. Further, when Evelyn lay in a coma, Robin says she became hysterical with guilt, fearing that her own plans to move away after her marriage had brought on her mother's final decline. She only calmed down after her father and her sister assured her that the only reason Evelyn had lived for so long was so she might see Robin's college graduation.

On the whole, Robin is a young woman who struggles with intense ambivalence toward both parents, but finds her feelings impossible to resolve. To fight her own feelings of destructiveness, she identifies with the gentle, self-effacing qualities she remembers in her mother, and attempts to fill her role in the family.

Cindy is an angry, bitter eighteen-year-old who makes no attempt to hide her distress or to appear happier than she is. Admitting to having nightmares, depression,



stomach aches and migraines since her mother's death, she has several times sought psychological counseling--the first time, as a freshman in high school, when she was feeling suicidal. Since Evelyn's death she seems to have been involved in a desperate search for someone to fill her mother's place. She has become extremely attached to a series of people, from the teacher she had the year after her mother died, to a boy she became engaged to during high school, to a woman Jack dated for several years and whom the whole family liked. This woman died two years ago, and Cindy says that the death was "like losing my mother all over again." Currently, she is intensely and insecurely attached to her boy friend. Although they are still in their teens and have been seeing each other for only four months, they have discussed marriage. Cindy feels that her inability to trust Colin is a problem in their relationship, and she traces the source of her inability to trust people to her mother's deathbed lie:

I think when my mother said "I'm gonna be alright," and you know, she's my mom, she was my everything, I believed her, even though she was laying in the bed I figured she knew something I didn't.... So I believed her and then she died. So, I guess that had something to do with trusting people, I was afraid to trust people because I was lied to about that, and no one ever told me my mother was going to die, so I've always had problems trusting people fully. I always feel like...everything's gonna turn around.

Like Robin, Cindy fights her feelings of anger and destructiveness by identifying with her mother. She says that her friends say she is "too nice," and that she always puts other people before herself. She sees herself as like her father, too, in that she has a quick temper like his, but "I've tried to curb that, I've done a good job."

Summary. The Browns struggle, collectively and individually, to resolve the loss of the one person who detoxified all angry feelings and deflected all argument and disagreement in their family. Evelyn was the one person who held, and dispensed, all the good feelings, all the love, appreciation and acceptance that were to be had in her family. The major factors that have blocked their adaptation to the loss have to do with the family's splitting of good and bad feelings, assigning all good feelings to Evelyn, and all bad ones to Jack--and with Evelyn's apparent need to keep her daughters dependent on her.

Evelyn, according to Robin, was a woman who wanted very much for "socializing and communication between people to be pleasant." A peace-loving woman married to a belligerent and argumentative man, she adopted a totally passive stance, allowing him to express himself fully but refusing to engage in argument. Thus, her daughters saw their father's difficult qualities untempered by any need

to modify them for his wife's sake; they also saw their mother as someone who tolerated a good deal of unpleasantness with a "saintly" patience. The parents, then, by maintaining a certain polarity of behavior in their relationship, only expressed certain aspects of their experience--father, the angry, aggressive side, and mother, the gentle, nurturing side. To their children, Jack seemed all bad, and Evelyn all good.

By looking further into Evelyn's relationships with her daughters, it is possible to come to some understanding of why Robin and Cindy may experience themselves as without value, and have such difficulty in believing in their own potential for goodness. Evelyn is described as a mother who spoiled her daughters by demanding nothing of them. She might also be described, however, as a mother who desperately needed her daughters to remain dependent on her, perhaps for several reasons. Focusing her energies on her daughters and living vicariously through their experience ("she always talked about what we were interested in"), Evelyn might well have dreaded the isolation she would experience after her children left home, particularly since she would then have no distractions from her relationship with her argumentative husband. Although no one addressed the issue of why she wanted a second family so late in life, Cindy's birth

certainly provided her with the opportunity to invest her energies in yet another dependent presence who would demand her time, her gentleness and her patience. And Cindy's description of her constant, physical closeness to her mother suggests that Evelyn did have an intense need to keep her children attached to her. We can only speculate about how Sheila fit in to this system since she was not present at the interview, but it is perhaps significant that she, the "lone wolf," seems to be the most detached from the family now and also, according to both Robin and Jack, seems to have achieved the most satisfaction with her life with the least self-doubt.

It is difficult to know Evelyn well from her family's idealized description of her, but hearing the stories of her saintliness and kindness, and her need to have everybody love her, we might conclude with some assurance that she was a woman who was not confident enough to assert herself, and who was very probably deficient in self-esteem. It may be that Evelyn derived her self-esteem from her motherhood, and consequently blocked her daughters' independent development so that they might continue to provide her with her belief in her own worth. This, however, has had an unfortunate effect on her children's lives. Unable to separate from her while she was alive or to fight the battles that lead to

independence, they find themselves still believing in their mother's worth, but to the exclusion of their own. They only see themselves as worthy in that they are like her, but the ways they are like her are not authentic. Cindy is "too nice," and "puts everybody before herself"--and feels vulnerable, suspicious, and angry at her father in particular and the world in general. Robin is gentle and kind and accepting like her mother was, but struggles with intense feelings of destructiveness and worthlessness. For both, to express the more hostile and aggressive sides of their feelings is perceived as a failure and a proof that they are like their "bad" father as opposed to their "good" mother. (As when Cindy indicates that her bad temper is like her father's, but she is doing well at controlling it.)

The Brown daughters have been unable to give up their memories of their ideal mother, since their remaining parent is one who is not capable of providing them with the love and acceptance they got from Evelyn. Jack is unable to relinquish his memories of his ideal wife, because without her he stands alone and is unprotected from his children's criticism and rejection. The family members can never fill Evelyn's place for each other, because they cannot possibly live up to their own expectations of perfection based on their idealization of her.



Disappointment, isolation and loneliness are the results.

Family #6: Carvers

Christopher Carver, twenty-four, is a psychology major at a large university. He signed up for this study in order to receive extra credits for a course he was taking, but stressed during our initial phone contact that he was very interested in the topic of my research and really wanted to participate. His father, Daniel, had died seven years earlier, when Christopher was seventeen. His mother, Marian, forty-six, lives in another state, and the two only see each other every several months. We arranged to conduct the interviews on a weekend when Marian would be in town to visit her parents, and we agreed to meet in the psychology clinic at the university. Christopher is an only child, so this interview was one of only two in the study in which the whole immediate family was present.

The interview. From the very beginning of the interview it is quite apparent that Christopher and Marian are using this experience to explore topics that are difficult and confusing for them. Very shortly after we begin, Marian starts to cry, and the following exchange reveals the Carvers' mutual agreement to use the interview to their benefit:

Marian: This is not gonna be easy today [cries].  
Christopher: That's alright. That's why we're  
doing it. It's not just these damn credits.  
Marian: Yeah...

During the interview, the two Carvers have a great deal to say in response to all of my questions. In fact, it is extremely difficult to get specific answers, because they use each question as a starting point for long, rambling answers that contain many associations. Sometimes their answers take the form of a dialogue in which mother and son reveal things they have never told each other before, or compare their differing perspectives in an attempt to come out with an objective assessment of the events leading to Daniel's death. Sometimes the answers are more in the form of a soliloquy, during which one or the other muses about personal experience, almost as if no one else were present. Although they ask for no direct responses from me, and ask no questions about my research or my responses to the two of them, they are clearly using my presence to provide a safe space in which they can address some of the issues that have been tormenting them for years. They are the only family who ask to be interviewed in the professional surroundings of the psychology clinic, and they seem to use the whole experience almost as a marathon therapy session. Though there are only two of them, their interviews take almost five hours to complete.

Mother and son present quite a contrast in general demeanor, although they seem to share many perceptions and to be in general agreement about most of what they discuss. Marian, an attractive, articulate woman, is almost frenetic in her presentation. She speaks dramatically, sometimes in a whisper, sometimes elaborating her comments with body movements and hand gestures. Her words pour out quickly, sometimes desperately. Christopher slumps in his chair. He, too, has much to say, but his voice is quiet and his speech is slow. He often pauses to search for the right words, and seems to be figuring out his responses as he goes along. Marian often interrupts him to add her own perceptions or to ask him a question. The two frequently become engaged in discussion with each other, and I repeatedly have to break in to ask my questions.

What stands out most clearly from the interviews is the fact that both Christopher and Marian harbor unshakeable beliefs that they are personally responsible for Daniel's death. At times, they almost seem to vie to be the guiltiest, and their interviews are permeated by feelings of remorse and fears of their own destructiveness.

The family. Daniel and Marian Carver lived an unusual married life, in that until the last year of

Daniel's life they always worked at the same place, and so spent all of their days together. Both were college instructors, and throughout Christopher's younger years they travelled extensively around the country, teaching for a few years at a time at various universities, and taking Christopher with them. Marian gave up her graduate studies so that she might always follow Daniel, and they always managed to get jobs at the same places. During the last year of Daniel's life, Marian went back to graduate school with his encouragement, so that during that year for the first time they were often separated. Marian describes this as very difficult for Daniel, and feels a good deal of guilt about it now. She was still getting her Ph.D. when he died, and went on to complete it in the year after the death.

When Christopher was ten, Marian and Daniel invited her parents and their youngest child, Marian's twelve-year-old sister, to live with their family. Marian's mother took over all the household duties, leaving Marian and Daniel freer to travel without worrying about Christopher. The grandparents lived with the Carvers for six years, up until the year before Daniel died.

The Carvers paint an ideal picture of their young family life. The picture is so ideal, in fact, that both mother and son repeatedly stress that they know it sounds

too good to believe. In fact, their descriptions are full of contradictions that are never resolved during the long hours of the interview. They describe their family as amazingly harmonious, yet also describe fights during which Marian would "scream and scream" (in Christopher's words), until she would finally be reduced to tears by some devastating comment from her husband. When describing these events, Marian says that "I never really thought of them as fights." Christopher seems to agree, saying that, while he didn't understand this at the time, he now realizes that his father really liked to be married to a "feisty" woman. In fact, the family's interaction seems to have been frequently punctuated by events in which people, mostly Marian, gave themselves over to extreme expressions of emotion.

Family togetherness was stressed until Christopher's adolescence, during which he was "mad at the world" and was angry and bitter toward both parents, often saying cruel things to them and slamming doors on his way out of the house. During this time he pursued his own interests, mainly tennis. Until then, the family watched television together at night, or played board games, and these times are described as extremely happy ones. Often, Marian and Daniel would cuddle together on the sofa while Christopher entertained them. When Marian's family moved



in, a new regularity and routine was introduced, with the grandmother making sure that dinner was on the table at the same time every night. Christopher evidently had to share his home for the first time with another child close to his age, but he does not emphasize this experience as important in his life. He does not seem to have thought of his twelve-year-old aunt as another child, but rather says that she "always acted like a grandmother." Although his withdrawal from his family seems to have started about this time, he does not attribute it to the change in the family structure.

It is not until very late in the family interview that I learn that two years after Christopher's birth, a girl was born who died in infancy, and that Marian sought psychiatric help to deal with her response to the death. She says that it had a negative effect on her marriage, and it was not until she was able to acknowledge that she blamed her husband for the baby's death (the reasons for the blame are not clear) that she really began to "fall in love" with her husband. In her eyes, their marriage was ideal from this time on.

Overall, the family is characterized by a certain lack of clarity about roles and boundaries. Christopher seems to have been almost a part of the marital unit until his adolescence, and it is not at all clear whether his

rebellion was an attempt to separate from his parents, or whether they might have in some way extruded him from their relationship as he approached sexual maturity. The descriptions of family life are quite idealized, and seem to reflect more what Christopher and Marian need to believe than what might have really happened. The good things are stressed as true even though they sound like lies, and the bad things are stressed as not bad even though they seem so.

The extended family. Marian's parents were very close to the family, living, as they did, with the Carvers for six years until the year before Daniel's death. In addition, Marian was very close to her sister, twenty years younger than she, who also lived with them. Out of her family of seven siblings, there is only one other sister whose family has been an important part of the Carvers' lives; Christopher says, in fact, that he would not be upset by anything bad happening to any of his mother's family, except for this one sister and her two daughters. While Marian describes her family as a warm, close one, she also says that they don't see each other much except at events such as funerals, where "everybody comes out of the woodwork." The Carvers seem to have had little or no contact with Daniel's family, and do not even mention them when I ask about extended family relationships.

During Daniel's last year of life he was increasingly ill, and it was during this time that Marian's parents and sister moved out of the Carvers' house. Both Marian and Christopher attribute this to their inability to tolerate her father, who did not believe that Daniel was very ill and was insensitive and argumentative. Marian became involved in increasingly frequent conflicts with her father, until finally it became apparent that the two families could no longer live together. Marian says that Daniel was devastated by losing Marian's mother, whom he loved, and this is yet another event for which she feels remorse and guilt.

Marian has also had problems since Daniel's death with the sister she was closest to, stemming from an argument they had shortly after Daniel died. She is only recently beginning to reestablish contact with this sister. Christopher apparently has little or no contact with the extended family now.

The family's description of the parent who died.

In Christopher's and Marian's descriptions, Daniel Carver is a fascinating series of contradictions--so much so, that it is virtually impossible from their words to tell what he was really like. Again, as throughout the interview, they frequently anticipate disbelief and assure me (without my asking for assurance) that, while they know it seems hard

to fathom, Daniel really did possess all the traits they enumerate. For instance, they alternately describe him as very "laid-back," and as someone who always had to be active and could not sit still. The following exchange is typical of their responses as I ask for clarification:

Interviewer: In Daniel as a person, how did laid-back, and hyperactive and unable to sit still, fit together?

Marian: I don't know...

Christopher: That's what I mean about being multifaceted. You wouldn't think that such things could happen in the same person.

Marian: Yeah.

Christopher: But they can.

Interviewer: Were there certain things he tended to be laid-back about, and things he tended to get more aroused about? Or was it just that his mood changed over time?

Marian: He could be so relaxed. Literally he could take a catnap whenever he wanted to.

Christopher: He'd probably be asleep right now [laughs].

Marian: Oh, he hated philosophical discussions.

Christopher: He was really a smart guy...

Marian: We would carry on a philosophical discussion and he would literally take a nap, while we were doing it.

Christopher: He was a smart guy, but not an intellectual.

Marian: Yeah, he didn't like philosophizing or intellectualizing about things. He was very practical, I guess. It's hard to explain how he could be hyperactive...I mean, he even walked fast. He could not stroll.

Christopher: Well, he could stroll, but you wouldn't see it very often, you know, I mean he could, if you wanted to take a long, slow walk he was the guy to do it with, but if you wanted to get across town fast, he was the guy to do it with. You know?

Christopher's last statement is an excellent illustration

of the way in which both mother and son seem able in their memories to make Daniel into whatever they need him to have been, even when the traits they describe are almost mutually exclusive in nature.

They go on to list more contradictions, although they do not present them as such. Daniel is described, for instance, as someone who was so competent at his job that he was, in Christopher's words, "constantly threatening the hell out of everybody around him," and so constantly had to be changing jobs; hence, the family's frequent moves. Yet, Christopher also describes him as totally noncompetitive. Again, he goes on to say that his father was so good at everything he did that sometimes he would let his "arch rivals" win at something, "just so that he would still have an arch rival." He does not seem to have trouble reconciling in his own mind the fact that someone who is totally noncompetitive rarely sees the world in terms of rivalry. And neither Marian nor Christopher sees Daniel's frequent job changes as the result of difficulty in getting along with people; both are quite confident in feeling that it was Daniel's competence, not Daniel himself, that threatened other people. Neither sees the ability to interact with colleagues in nonthreatening ways as an important trait Daniel may have lacked.

Another trait Daniel seems to have possessed, yet



not possessed, is self-confidence. Here, mother and son have differing opinions. Christopher sees his father as totally self-confident about everything he did in his life. Marian feels that this is not so. She says that neither of them was at all self-confident alone, but that they gave each other self-confidence, and that "together we could take on the world." Thus, she sees herself and Daniel as indispensable parts of each other's identities.

Christopher and Marian both see Daniel as having been the dominant personality in the family, to the extent that Christopher says "we lived off his personality." Yet Marian also sees her constant presence as having been indispensable to her husband's well-being, and both feel that their need for him drained him and sapped his strength, ultimately leading to his death.

It is impossible to tell whether Daniel was strong or weak, relaxed or anxious, competitive or generous in spirit. What is clear is that both mother and son have intensely conflicting feelings about who supported whom, who drained whom, and who needed whom.

The family's experience of the death. A year before he died, Daniel developed a cardio-pulmonary condition that resulted in frequent bouts of pneumonia. At this time his doctors hold him that, if he drastically changed his life style and became far less active, he would

live a normal life span. However, over the year each pneumonia left him weaker. Ultimately, he died of congestive heart failure.

During the year of illness, Christopher describes himself as totally detached from his family and quite unaware of the seriousness of his father's condition. Characteristically, he blames himself for this, saying that his adolescent rebelliousness kept him from even being interested in what was happening to his father. Equally characteristically, Marian blames herself, saying that she was trying so hard to deny the truth that she totally neglected Christopher and his need to know what was happening.

There are some indications that Daniel tried to discuss his approaching death with his wife. Marian describes one such instance:

We were watching television one night and it was a story about a husband or a wife who died in the story.... And he said, uh...I don't remember, now, if he said I want you to remarry, or I would want you to remarry. In my head I must have thought he said I want you to do that.... I screamed a scream that was on a level, a hearing level, decibel, it was like it wasn't out of my throat, it was like this high level of scream.... I just turned back in my chair and I just screamed, I went like this and I screamed. He rushed right over and knelt down by me. And we didn't talk about it. We didn't talk about why I screamed so bad, I just said to him, don't say that, I don't want you to talk like that I said, in an angry voice. And he calmed me down, and we never mentioned it again.

On another occasion, Daniel said that he wanted to visit a psychologist with Marian. She agreed, feeling bewildered about why. She says that she was still bewildered after the session, but now she wonders if Daniel arranged the meeting as an opportunity to tell her he was going to die, and then was unable to do so.

Daniel died in the hospital two weeks after having been rushed to the emergency room in congestive heart failure. Marian describes staying with him in emergency and seeing him "die and come back to life." (This is evidently her experience of his being revived by the emergency cardiac team.) Christopher still did not realize the seriousness of his condition, until he came to the hospital and saw his father on a respirator in the intensive care unit. Then he broke down and cried, but controlled himself very quickly. When the doctors told Marian and Christopher that Daniel was brain-dead and was only being maintained by the machines, they made the decision to turn off the respirator. They describe this as a decision that entailed no conflict, but Marian's obvious anxiety while relating discussions she had had with Daniel about their distaste for the idea of being kept alive by machines suggests that this event may enter in to her overall experience of guilt over his death.

As described earlier, Marian's family had moved out

of the Carver house because of the strife that occurred during Daniel's illness. After Daniel's death, Marian and Christopher lived alone. Both describe the years right after his death as a black and frightening time.

Christopher feels that he was totally numb, and stayed that way so that he might take care of his mother:

Christopher: [to Marian] I have some absolutely bizarre memories of you afterwards. You know, because you were really flipping out.

Marian: I was crazy.

Christopher: And see...you can't have two crazy people in one house, because someday someone might have to call the ambulance, you know? So I just wasn't crazy for a long time.

Marian: I was behaving like nothing had happened.

Christopher: Well, no, no...uh, in one sense that was true, but in another sense, you know...just...I can remember you, have memories of you screaming and screaming and screaming, like you see in a movie about people in an asylum.

Marian: [sounding surprised and shocked] Really?

Christopher: Yeah.

Marian: At home?

Christopher: Yeah.

Marian: God, I don't remember it.... Oh, yeah...yeah...now I do remember.

It is important to notice here how catastrophic an experience Daniel's death was for both surviving Carvers. They experience themselves as going "crazy," and in his own memory Christopher only kept himself from going crazy because he feared he would have to be alert enough to take his mother to the hospital. Each feared that the other would commit suicide. Marian says that she did try to

commit suicide "in creative ways"; she neglected her health and became involved in emotionally upsetting relationships with men, ultimately becoming dangerously ill with a bleeding ulcer. Christopher says that he was very suicidal for a while, until he went to a psychiatrist for help.

Now, the Carvers see themselves as just beginning to emerge from their experience and to tentatively move toward health. They make no attempt to describe their reactions as normal--quite the opposite, in fact. They relate their story with a mixture of horror and pride. Their family was so perfect, they seem to be saying, that their loss was far greater than most people's, and hence their reactions were far worse.

Family relationships. The relationships in this family are as difficult to clarify as Daniel's character, since the descriptions, again, are marked by idealization and contradiction. However, both Christopher and Marian, sometimes unintentionally, give evidence that their relationships with Daniel were not perfect. While they agree that the two of them depended on him utterly and "lived off his personality," there is equal indication that both felt their own identities were dominated, and even engulfed, by his needs.

Marian says that the marital relationship was so perfect as to utterly spoil her for the idea of



remarriage. She describes her marriage as one in which there was a true meeting of the minds and in which husband and wife had personalities that were totally compatible. She relates instances in which she and Daniel would start to talk on a weekend morning and would be so engrossed in their discussion that they would totally lose track of the time, only realizing six hours later that the day was gone. Although they arose together, drove to work together, worked as a team, and drove home together, they never tired of each other's company. Daniel, otherwise "conservative" about spending money, lavished Marian with gifts, once taking her out and buying her seven new dresses on one shopping trip. While her affect as she describes this incident fits in with her general air of gratitude and adoration, her words taken at face value suggest that she might have some different feelings about it:

I walked out of there with seven new dresses. In one trip. But this is the way he was, it was like I was some little doll, I was a size five and seven, and he would like, you know, dress me up, and I suppose it was an ego trip for him, showing me off on his arm as we went to all these conferences and things around the country.

There are other indications throughout the interview that Marian had some conflicting feelings about being so constantly with her husband and about having given up her graduate studies for him. She describes her guilt

over feeling freer after Daniel's death:

The other part of my personality is this person who really requires solitude. I used to write a lot before I got married and I was into poetry and writing. And I was always in the theater and always doing that kind of thing. Well, once I got into this education thing you know and all these, the way we lived our lives, all that had to be put on the back burner. Well, once he was absent, I got back into this other thing...but there's always the guilt, like, if he were here today I could not be doing this. And so it's almost like a price I'm paying for peace of mind and happiness. In my life style. I could not have it now because it wasn't his life style, and I really did the typical thing that women used to do and not question it. I lived his life. I lived that life style and I was happy doing it. But it wasn't me.

And, while she perceived Daniel as strong and protective of her, she also clearly feels that he needed her constant presence, and feels terribly guilty about finally pursuing her graduate degree--almost as if her move toward independence, however temporary, killed him:

I'm pretty sure that one thing that was going on with him, he was...losing, he didn't have the emotional support system he needed as he became more ill. See, I had gotten involved at the university, I was growing professionally in a way he wasn't. [to Christopher] I don't know if you realized that he had applied for a graduate program also and wasn't accepted. Um...they didn't have any more slots at the time and so he didn't get in. But the reason I encouraged him to even apply at that time, knowing he was sick and who needs it, you know...was because, my not driving to work with him in the morning and coming home at night was killing him. He missed me as if we'd had a divorce. And all we were doing was working separately.

She goes on to say that she thinks Daniel feared she would grow away from him intellectually, and that she offered to give up the pursuit of her Ph.D., but he refused to allow her to do so. Ultimately, she began to go in to work with him and help him with odd jobs, even though she wasn't officially working with him anymore. Thus, Daniel, a man who liked to dress his wife up "like a doll" and show her off, seems to have both wanted and feared her intellectual and professional growth.

There is equal indication of complications in Daniel's relationship with Christopher. According to Christopher, Daniel was a lenient parent; although he spanked his son for misbehavior when he was little, he maintained a casual attitude toward school performance and never complained when Christopher began to bring home failing grades in junior high school. Christopher remembers him as unfailingly generous, wanting his son to be happy, buying him tennis rackets, and taking an enthusiastic interest in his tennis tournaments. When Christopher entered his difficult adolescence, Daniel did not pressure him or chastise him, but Christopher feels that he often hurt Daniel with his cruel comments and his unwillingness to communicate.

Throughout the interview Christopher unfailingly describes his father as a man who encompassed every

admirable quality a man can have: generosity, confidence, noncompetitiveness, competence in many areas, sensitivity to others, and humor. It is only during his individual interview that he reveals what may have been difficult for him about life with a man who is larger-than-life:

I think, one of the problems I had when I was a teen-ager was, you know when you're a teen-ager you want to start to develop your own personality, and...you know you want to be yourself, and when I was around him, it was like--he was always the dominant personality. You know...he was the one that would tell the jokes, and...I'd always laugh. But it got to the point where I started to feel, like--oh, shit, why aren't I the one telling the jokes, why am I not starting to get into the leading role here, you know? That's why I started to put him off, because he was always the dominant personality of the two of us, and I never really felt like I was--not...meeting his standards, because he wasn't like that, he didn't make me feel like that, but he was--well, I felt like that, he didn't make me feel like that, but I felt like that in my own head, like I'm not, I'm just not--equal to him, you know?

Despite the fact that he can acknowledge these feelings, Christopher cannot acknowledge that his father might have had any role in them. Instead, he sees his frustration as just something he felt "in my own head." Similarly, he sees his adolescent rebellion as markedly abnormal, although from what he describes his behavior was not in fact unusual or excessive. He states that he knows many people attribute adolescent struggles to environmental effects, but in his case he thinks it was just "something

in my brain," because he simply had no reason to be angry or dissatisfied. Not only was his struggle the result of a deficiency in him, he feels, it was also the cause of his father's death. Christopher states quite directly, and quite calmly, his astonishing belief that his father just "let himself slip away" because he was so worried about his son that he felt the only way to reach him and shake him out of his rebellion was to die.

According to both Christopher and Marian, the two of them did not have much of a relationship until after Daniel died. Both seem to have been the foci of Daniel's life, and both reserved their emotional involvement for him. Marian expresses remorse now for not being more attentive to Christopher, assuming that his relationship with his father was what he needed. She feels even more remorse for allowing him to "babysit" her after Daniel's death, while he, too, needed help and comfort. Christopher does not express as much anger toward her as she expresses toward herself, but in describing his relationship with his mother his affect is rather flat. He says that he just didn't pay much attention to her while Daniel was alive, but that since his death the two have begun to develop an honest, communciative relationship. Both seem to be still developing their relationship and finding new ways of feeling about each other. They watched each other



fearfully after Daniel's death, each expecting that the other would fall apart, and, in fact, by all accounts they apparently gave each other ample cause for concern.

As Christopher and Marian discuss Daniel's death, there is a subtle but pervasive sense of competition between them. When Christopher states that he feels his father died for him, Marian first acknowledges that Christopher's behavior was very hurtful to Daniel, and only then says that she thinks Christopher is being too hard on himself. As she speaks, there is not so much a feeling that she is reassuring her son, as there is a sense that she is trying to tell him he was not that important to his father--not as important as she was. She makes a point of repeating frequently, in Christopher's presence, that she was an indispensable component of Daniel's self-esteem. It is all subtle and indirectly stated, but may provide a key to understanding Christopher's feeling of worthlessness and failure.

The individuals in the family. Marian is an intense, emotional woman who presents herself in dramatic ways. There is much drama, in fact, in her account of her marriage and her life since Daniel's death. Her presentation is not inauthentic, but there is a certain excess in her manner of speaking, as if her emotional experience is so intense that it must spill over in her

interaction with other people.

Currently, Marian is struggling to put her life back together. Implicit in her dramatic presentation is a need for other people to understand and accept her, and to share her perception of herself as a tragic heroine. While she has a good deal of concern for her son, her remorse over what she feels is her neglect of him comes through as one more reason she feels she deserves compassion. She is a thoughtful, intelligent and articulate woman, but all of her insight and analysis of the events of her life seem to be channeled into self-vilification--as if, could she only convince people of her responsibility for her husband's death and her son's difficulties, she might somehow be absolved of that responsibility.

Christopher, too, is trying to construct a life on what seem to be rather shaky foundations. He is just beginning to feel that some of what he does is enjoyable, after a long, arid time during which life seemed colorless and joyless. He has difficulty in feeling close to other people, and has kept to himself for some years. Now, he feels, he is ready to socialize again, and he says that he knows when he is ready the opportunity will be there. Yet, when I ask him if he wishes anything about his life were different now, he cites his social life, saying "I wish I were doing it instead of talking about it."

He is a young man who is tormented by a sense of his own deficiencies and destructiveness. His belief that his father died for him is quite striking, and indicates the extent of his internal confusion. He has grown up with the sense that his own anger and wish to separate are lethal to others. Totally unable to integrate ambivalent feelings about his father, he maintains him in memory as an impossible ideal and turns all of his anger and hatred against himself.

Summary. Like the Wilsons and the Browns, the Carvers are a family unable to tolerate ambivalent feelings and thus unable to mourn and to adapt to Daniel's death. The most important aspect of their experience is their extreme idealization of Daniel--to the extent that he does not even emerge as a believable human being in their descriptions. Because of their need to idealize Daniel, Marian and Christopher are both unable to feel anger toward him for the way his "dominant" personality and his overwhelming needs constricted their experience. Thus, they both direct all of their angry feelings toward themselves, and each feels defective, abnormal, and responsible for his illness and death.

In Marian's experience, Daniel was the perfect husband. Not only was he a totally compatible partner for her, he also made her feel indispensable to him, and from

this she derived a good deal of gratification and self-esteem. However, she paid a high price for these satisfactions. In order to meet his needs, she sacrificed her own identity. When she moved toward independent pursuits, she experienced herself as "killing" Daniel, both by failing to be with him constantly, and by threatening to move beyond him in her intellectual and professional growth. Thus, the two existed in an almost symbiotic relationship in which neither was a whole human being without the other. Having located her worth and her purpose in life in Daniel, Marian was catastrophically diminished when he died. In her subjective experience, she feared she would go crazy, and she felt that she had nothing to live for. At this point, even the fact that she has survived contributes to her guilt and her feeling of disloyalty.

Christopher's role was to admire his father and in this way bolster his self-esteem. He did so happily until he reached adolescence, and began to feel the need to be admired and appreciated for his own qualities. While the sequence of events that led to Christopher's rebellion is not clearly delineated in this interview, there are suggestions about what may have happened to drastically change his attitude toward his parents and his life. It appears that Christopher was a welcome participant in the

ideal family drama until he reached a certain age. When he was young enough, the three Carvers played games together and watched television together, and the young Christopher amused and entertained his loving parents. But as Christopher approached adolescence something changed. Marian's parents were brought in to run the household so that Marian and Daniel could travel around the country "without worrying about Christopher." With three new people added to the family structure, Christopher had to cope with a drastic change in life style, and the happy, intimate threesome no longer existed. It does not seem too great an inferential leap to imagine that Christopher may have felt suddenly excluded from his parents' lives, and that his anger, so inexplicable to himself and his parents, may have been his way of punishing them for shutting him out.

Whatever the reason for his unhappy attitude, Christopher now regards his adolescent self as the cause of his father's death. Like his mother, he experiences his move away from his father and toward independence as murderously destructive. Mother's and son's beliefs in their descructiveness, so clearly and directly stated, are very striking. Believing, as they do, that they killed Daniel, they have no way of believing in their own goodness or capacity to be good for others. They have attempted to



destroy themselves through suicidal behavior (Christopher only says that he has felt suicidal, but Marian asserts that she once found evidence in the family house that he had actually tried to kill himself). Further, each watches the other with dread. Marian feels she has had to be vigilant in the past lest Christopher attempt suicide again; Christopher has felt that he must watch his mother carefully so that he would be able to "call an ambulance" if she needed to be hospitalized. The extreme nature of the fantasies each has about the other's potential disintegration are eloquent indications of how chaotic internal life is in this family, and of the fact that no one's identity is sufficiently developed to stand alone.

#### Family #7: The Sheehans

Carol Sheehan, a twenty-year-old sophomore at a large university, telephoned me in response to an ad I ran in the college newspaper. Her father, John, had died almost six years earlier. Carol wanted to participate in the study because she was interested in how families respond to loss. She seemed confident that her mother, Myra, fifty, would be willing to participate with her, and said that she would ask her sisters, Ellen, twenty-two, and Sandra, twenty-one, and her brother, Chuck, twenty-five, if they would join in. Ellen readily agreed, Sandra agreed to

think about it but refused to commit herself to participation, and Chuck flatly refused to have anything to do with the interviews. Ultimately, I interviewed all of the women in the family; Chuck left the house before my arrival. Because Carol's mother and two sisters live several hours away from the university she attends, we arranged that I would visit the family home during a school vacation when Carol would be home. She hinted to me on the phone that her family situation was somewhat unusual, but did not go into details until the interview day.

The interview. The Sheehan home is located in a comfortable suburb of a large city. It has been furnished with obvious attention to detail; everything is attractive, carefully chosen, and well cared for. As I drive up to the house, Myra is outside, about to leave on an errand. She guesses who I am, welcomes me politely and directs me inside, saying she will be back shortly. Inside, Carol and Ellen greet me with friendliness, and the atmosphere quickly takes on a jocular, sometimes hilarious, air as the sisters use humor to deal with the initial anxiety of the situation. Sandra loiters outside the house talking to some friends, eventually coming in to take her place among her sisters. Initially she is somewhat more guarded and less warm than Carol and Ellen, but soon joins in the generally humorous banter. When Myra returns from her

errand we arrange ourselves around a central table in the living room, with Carol and Ellen on one sofa facing Sandra and Myra across the room.

Throughout the interview the Sheehans keep up an almost constant, light, bantering tone, even when they are discussing issues that are obviously heavily laden with emotion. The three sisters are particularly humorous, and Myra is in general quieter and more observing, sometimes joining in the laughter. Everybody has a great deal to say in response to every question I ask. They rarely contradict each other, instead elaborating each other's responses with corroborating information. The four women have the air of a group of survivors, somewhat scarred by their experiences, understanding of each other's pain, and intensely loyal to each other. The defusing of pain with humor is obviously a long-time habit among the sisters. Because they are very good at staving off emotional responses, the group interview is engaging and comfortable for me, although the memories the family shares with me are difficult ones and paint a bleak picture of what childhood was like for them. Later, in the individual interviews, each sister reveals more of her unique responses to John's life and death, and I am able to get a more immediate sense of the dilemmas each struggles with now.

Although Chuck has left the house, he is very much

present in his mother's and his sisters' minds and in their responses to my questions. Whereas in other families in which a member is not present, I have to specifically ask for information about that person, the Sheehan women spontaneously offer information about Chuck, and speculate with each other about his feelings and behavior.

The family. The Sheehans' family life was marked by a good deal of strife and disruption. John was an alcoholic, described by Myra and her daughters as "abusive" when he was drunk. The four Sheehan children were born within five years of each other, so that early in her marriage Myra struggled with the demands of caring for four toddlers, while also coping with her husband's verbal and sometimes physical abuse. The children have some warm memories of being taken out to eat when they were very small, and of family Sundays during which they would visit their father's sister, and then their mother's parents. Otherwise, most of their memories seem painful. Yearly vacations to a lakeside cottage were marred by drunken scenes and threats of violence. The daughters describe huddling together in their bedrooms listening to their parents' arguments and fearing for their mother's safety. The children were constrained in their behavior, afraid that they would arouse their father's anger. They describe the general tone of life with John:

Sandra: I remember when he was home, especially on weekends, we were all very quiet, you know, not to cause any waves, or...you know, it was like walking on eggshells when he was around. Especially like on Sundays when he was home for the whole day.

Carol: He wasn't very easy to get along with.

Sandra: Well, he had his own problems, too.

Carol: Especially on the weekends, my father was a heavy drinker, so sometimes it was, you know, not too pleasant. Like he'd come home on Friday night, we'd all go in our rooms. And so...just stay out of his way.

Interviewer: So he tended to get more angry if he was drinking?

Carol: Yeah.

Myra: I think what I'd like to point out, now that they've all had their say, is that feelings were repressed, because it was difficult to express them, because it wasn't accepted, and um...there wasn't much arguing here, because it was not something that you did, you know you just sort of felt what you were feeling and just sort of kept it inside.

The children felt reluctant to ask friends over to their house, never knowing how their father would behave; Myra describes incidents in which John singled out Chuck for verbal abuse in front of his friends.

When the children were fifteen, twelve, eleven and ten, John again became threatening and violent toward Myra during a family vacation. To protect herself and her children, she took them out into the car, where they spent the night driving around. At this point, the children told Myra that they were unable to tolerate the situation anymore, and as a result Myra and John separated. Six months later they tried to live together again, but this



attempt lasted less than a year. They separated again, for good, and were divorced shortly afterwards. Myra began to work full-time shortly after the final separation.

The daughters describe their father's leaving as a relief for the whole family. The atmosphere in the house became less strained, but as the children grew up they seem to have spent a good deal of time away from the house. Their father came to visit, but the girls were often out with friends during these times. When John died four years after the divorce, little changed in the family's life except for the cessation of the visits. The children received Social Security at first, so that with the checks and Myra's salary they were financially secure. Now, all of the children are too old to receive the Social Security money, and finances are a constant worry. All four children are in school, and all must worry about scholarships and living expenses.

As described earlier, the family now seems like a group of survivors of a grim battle. All feel deeply affected by their lives with John. As a group, they draw together supportively. Individually, each shares her feeling of irrevocable loss, not so much of a relationship that was, but rather of a relationship that might have been. The four Sheehan women watch each other, help each other, and praise each other. Chuck, by everyone's

description, keeps himself apart, refuses to discuss the family's experiences or his own responses to them, and does not spend much time with his mother or his sisters, although he is currently living at home while attending law school in the nearby city. Ellen also lives at home, having left college temporarily to work. Carol lives at the university she attends, and Sandra lives in the city, where she is also attending college and working part-time. Myra continues to work, and is currently involved with a man with whom she spends a good deal of time.

The extended family. The Sheehans have relied heavily on extended family for support during difficult times. Myra's mother is described as a pillar of strength and comfort for everyone, and Chuck is closer to her than to anyone else in the family. The family spends a good deal of time at the grandparents' house; although Myra's father is alive, she describes him as a much more passive person than her mother, and he obviously holds a less important place in the family's experience.

Myra also has a sister to whom she is very close, and whom she describes as a great help during the early years of her marriage, when she did not wish to worry her parents by telling them about John's drinking. This sister now lives in another state, and, while she and her husband are still close to the Sheehans, they do not see each other

frequently. The sister's children are also close to the Sheehan children.

John's family is described as unloving, and apparently the Sheehans have had little contact with them. Myra attempts to explain some of John's difficulties by telling of his parents, who never communicated loving feelings to their children: "If you never receive it, you can't give it."

The family's description of the parent who died.

Mother and daughters both struggle to describe John, and what they all seem to agree on most strongly is that he was a very hard man to know. During drunken episodes he was clearly a figure of dread, ruling the family through threat and abuse. At other times he was enigmatic, never sharing his feelings and having relatively little contact with his wife and children. Interestingly, all agree that John loved his children very much, and would have welcomed their affectionate advances to him had they felt able to make them. However, it was so difficult for them to communicate with him that no one ever made such advances. Carol eloquently conveys how difficult it is for her to describe her father, given the nature of their relationship, her age when he died, and how much conflicting information she has heard from family members:

It's getting hard to remember him, you know, since his death I've heard so many conversations about him, you know, a lot of relatives really didn't like him very much. And I've heard very negative and very positive conversations, some interpreting what they thought was happening. So the problem is how to sort out what I thought on my own, without having them influence it.

Although all of the four women remember John with a good deal of bitterness and regret, all can find compassion for him when they speak of him. All four agree that John was basically a very insecure man who needed love badly and had no idea of how to go about giving or receiving it. They describe him, also, as a man who was very good at his demanding job (as a high-level manager of a manufacturing firm), was highly intelligent, and very much achievement-oriented. There is no indication that his drinking affected his performance on the job; he seems to have restricted his drunkenness to evening and weekend hours. The daughters remember their father as a physically imposing and even intimidating man who stood well over six feet. In Ellen's mind, John is obviously larger than life--without intending any humor, she estimates his weight at three hundred pounds, and sticks to this estimate until she is gently corrected by her mother.

The family's experience of the death. Because Myra and John had been separated for four years when John died, the family's experience of his death is a good deal more

removed than the experiences of the other families interviewed. John developed cancer a year before his death, and, while his decline was gradual and debilitating, Myra and her children saw relatively little of it. Myra seems to have had the most contact with John during his illness, since when he learned that he was dying he turned to her for comfort and called her frequently on the telephone. When he became too ill to visit the children, they were taken to see him a few times, and they remember with distress that his large, powerful frame was horribly diminished and that he appeared very ill.

Shortly before his death, Myra, her mother, and Ellen visited John in the hospital. Only Myra's mother was able to have a satisfying conversation with John at that time; Ellen spend some time smoking outside the hospital and trying to steel herself to go in, but when she finally did she found it difficult to really communicate with the dying man.

The daughters remember John's funeral as a travesty, during which many people who did not know John well or care about him expressed false sympathy and the family were forced to put aside their confusion of feelings for the sake of social acceptability. Myra's mother, again, seems to have been the rock on which the family depended. Carol remembers being frightened and uncertain



about how to approach her father's open casket, and tells how her grandmother took her hand and knelt with her to pray. All three daughters remember being appalled by the sight of their father's body, ravaged by the cancer, and dressed in clothes and jewelry they all recognized. All three cried at the funeral, but the feelings that inspired their tears do not seem clear to any of them.

The most lasting effect of John's death seems to be each daughter's feeling that she has been scarred and remains limited by her problematic relationship to him, but now has no chance to change the nature of that relationship or to work through any feelings about it with John present. For Myra, John's death seems to have been more freeing than otherwise, but she, too, feels scarred and bitterly regrets the unhappy years of their marriage.

All of the children had difficult longer-term responses to John's death. Chuck became extremely withdrawn from his family, rarely speaking to anyone about anything important. According to his mother and sisters, since John's death Chuck has begun to behave more like his father, being insulting and abusive to his mother, refusing to do chores in the house, and in general adopting an arrogant, selfish attitude toward his family. Ellen, by her own account, began to drink heavily after John's death, and for a brief time became sexually promiscuous. She felt

terribly depressed, was insulting and obnoxious to others in social situations, and alienated her friends. Sandra, too, went through a period of acting-out, defiantly seeing a boy her mother disliked, staying out late with him and lying about her whereabouts. In consequence, her relationship with her mother became so bad that the two finally sought counseling, which was helpful to both. Finally, Carol had a very delayed response, for some months simply being emotionally out of reach of her family. She did not speak of her feelings to anyone, and coldly resisted all of Myra's attempts to talk to her.

Family relationships. The marital relationship is remembered by everyone as remarkably tense and unhappy, with no redeeming moments of tenderness or intimacy. Myra describes herself as very naive when she married John, expecting marriage to be an endless romance. Instead, she says, she quickly learned that John had very different ideas about marriage, expecting his wife to attend to his wishes and to nothing else. Although he made a good living, he was ungenerous with money and expected Myra to manage on a small allowance. According to Myra, the two had little in common to begin with, and grew apart even further as their lives together progressed. They rarely spoke to each other, and never communicated important feelings. During his drunken periods, he screamed at her

and sometimes hit her. And yet, Myra says, she knows that she was important to him in some way that she still cannot understand. After their final separation he stopped by the house and found her getting ready to go out; assuming that she was seeing another man, he told her, with tears in his eyes, to remember that she was still a married woman. This shocked Myra, since she knew that he had been seeing another woman through the latter years of their marriage and was living with that woman at the time.

Each daughter seems to have had a somewhat different relationship to John. Ellen, the eldest girl, is the only one who openly remembers warmth between herself and her father. During her individual interview, in fact, she reveals that her father told her she was his favorite, and this position obviously is important and even sustaining to her now. She tells of times when she would defy her father in her mother's behalf, and feels that he admired and respected her for this. In the presence of her mother and sisters, she is more circumspect, but still conveys a sense of the special feeling of her relationship to John:

It's strange because I think I really got along with Dad... 'cause when I was really little, Daddy, we used to talk a little bit, I mean how can you talk to a ten-year-old kid, you know [laughs]. But, um, you know, I felt really close to him and it was obvious that he loved all of us, you know, very much, but you know it was

confusing because he'd scream, and I'd say, you know, Dad why are you yelling at me about putting away my bike?... But I don't know, I felt very close to him, you know, when we weren't fighting and stuff.

Ellen has one warm and important memory in which her father came through for her when she really needed him. At fifteen, she had been arrested for a misdemeanor and her parents were extremely upset. After a good deal of yelling and distress, John came to Ellen and took her in his arms telling her that even though he was angry he would stand by her and help her to get through the trouble she was in. Thus, Ellen seems to have gleaned some good from her relationship with John, and this comes through in her description in great contrast to her sisters' experiences with him.

Sandra gives perhaps the least vivid description of her relationship with John:

Sandra: See, it's hard, because it was so distant, and it was six years ago that he died. I was, you know, younger. Um...let me see...see, I'm trying to remember the visits when he would come over. And it wasn't very affectionate. Describe him, or our relationship?

Interviewer: Your relationship.

Sandra: Okay, it wasn't very affectionate...um...it was almost formal. You know? It wasn't really like a father-daughter relationship should be. Um, it's hard to describe. Really, it's very hard.

Although she does not say this directly, by comparing descriptions of different family members it seems that

Sandra had the least direct contact with her father. Whether this was due to some lack of attention to her on his part or to a greater avoidance of him on her part is not at all clear.

Carol, in describing her relationship with John, feels that her being the youngest child was a very important factor. She has more memories of physical closeness to him than the others do, saying that he would sometimes hold her hand and she would sometimes sit on his lap. She has no sense that this might have had to do with any unique feeling he had for her as a person, but rather feels that he was somewhat protective of her because she was the littlest. John seems to have wished for more demonstration of affection from Carol. She tells one painful story of an episode in which the two went out to dinner together, because the rest of the family intended to eat Chinese food, which Carol and John did not like. John, having drunk too much and feeling "sentimental," demanded that Carol ask the pianist in the restaurant to play "Daddy's Little Girl." Shy and embarrassed, Carol refused, but her father became angry and badgered her until she gave in. Thus, when he was drunk John sometimes gave indications of what his fantasies of being a father were like, and wished his children to play along for his benefit. And, although this memory is clearly painful for



Carol, it also inspires compassion in her toward her father. In fact, it is Carol who expresses the most compassion toward him. She struggles to collect the few good memories she has and to use them to understand what her father's problems may have been. While she remembers bitterly that he teased her cruelly about her childhood weight problem, she also remembers that he was so touched whenever he received a gift that he cried.

By all accounts, Chuck's relationship with John was very painful. Myra says that Chuck received the most abuse next to her, and that John would often embarrass Chuck in front of friends by screaming insults at him. Like Ellen, Chuck would sometimes intervene on his mother's behalf, but there is no indication, as there is in Ellen's experience, that John appreciated his son's courage. Chuck's sisters reveal that he now has memories of being very close to his father when he was young, but that in their memories and their mother's, the episodes he relates of doing things with John never really happened.

All three daughters describe their relationships with Myra as very close, although all went through a time after John's death when they did not feel close to her at all. The reasons for the difficult period varied. Ellen says that she had so lost respect for her mother from watching her submit to John's abuse that she simply did not

admire her or feel close to her for some time. It was when Myra began to work to support her children and demonstrated her ability to change her life that Ellen began to respect her. Since her father's death, Ellen has read and studied issues relating to battered women, and says that she now understands better what her mother had to go through, and why it was so difficult for her to leave John before she did. She now says that she admires Myra tremendously. Myra feels that she can confide in Ellen, and very much appreciates her presence in the house now.

Sandra, too, lost respect for her mother during the years of unhappiness. As described earlier, the two had a very hostile relationship for some time during Sandra's adolescence, after John had died. Counseling was very helpful to both mother and daughter at that time, and since then their relationship has become very close. Myra describes Sandra as the most helpful of her children, the only one who will pitch in to do housework without being asked. Sandra is clearly loving toward her mother, and is the most eager advocate of her relationship with her new male friend. However, she sometimes feels held back by Myra's dependence on her; she feels that it was hard for her to move out of the house because Myra needed her as a buffer in her relationship with Chuck. Since Ellen decided to move home, Sandra's leaving became much easier.

Carol now refers to her mother as "the most important person in my life," and describes their relationship as extremely close and confiding. She does not know why she felt so distant from Myra after John's death, but finds herself increasingly able to talk to her mother now and to express affection for her. As Myra describes their relationship, a sense of Carol's specialness to her comes through, which Myra attributes to the fact that Carol was so young when the marriage dissolved. She describes Carol's extreme dependence on her at that time, and says that because Carol was too anxious to be away from her mother for very long, the two spent a good deal of time together, and Myra wound up confiding many of her feelings to her then ten-year-old daughter.

As described by all of the women, Myra and Chuck's relationship is strained and difficult. They say that Chuck echoes his father's behavior toward Myra, except for the physical abuse. Although all of the Sheehan women mention Chuck's similarity to John, particularly in his behavior toward women, no one gives a very specific account of exactly what he does that is so abusive. Instead, they convey a vague but pervasive feeling that Chuck is headed in a direction no one approves of, and that his mother and sisters are helpless to stop him. Carol seems to have very little to do with him, and says that Ellen and Sandra know

him better because they are closer in age to him. Ellen and Sandra both relate instances in which they have had discussions with Chuck and have given him advice about his behavior toward his mother and his girl friend, but they feel they have had little effect on him. Their collective insistence that Chuck is very like John is quite striking.

The individuals in the family. Myra, at fifty, is a quiet, thoughtful woman who finds it difficult to articulate her feelings. A veteran of a troubled and volatile marriage, she seems now to be thankful for the comparative ease and safety she currently enjoys. She suffers a good deal of guilt over her marriage and the ways it has affected her children; she sees them maturing and growing past some of their adolescent difficulties, but worries that they will never fully overcome the effects of their stressful childhoods. Although she answers all of my questions to the best of her ability, and listens quietly while her daughters relate events that reveal the family's private lives, she nevertheless seems reserved, particularly during her individual interview. She does not seem exactly unwilling to speak about personal experiences, but rather is at a loss to think about her life in some of the ways my questions demand. For instance, she finds it almost impossible to say whether any of her daughters is like her, or like John, and repeatedly says that the

questions I ask are very difficult and she doesn't know how to answer them. She seems very certain, however, that the one of her children who is most like John is Chuck. I feel as she is speaking that Myra's feelings about her daughters are relatively nonspecific; although she can identify unique traits in them, basically all three play very similar roles in her life, as confiders, as confidantes, and perhaps most importantly as buffers between herself and Chuck.

Ellen, at twenty-two, is a tall, striking young woman who attempts to cover a good deal of anxiety and depression with jokes and with nervous laughter. She seems worried about herself, relating the stories of her drinking and promiscuity after John's death with a keen awareness of the fact that her behavior then was out of her control. Now, she avoids such losses of control by socializing primarily with people who are older and more staid than she is, and by spending time alone, reading and listening to music. She has several times sought counseling to help her with her depression, anxiety, lack of energy to do her school work, and her inability to trust the men she becomes involved with. However, these experiences have all been disappointing to her, and she describes the various therapists she has seen derisively. She seems to feel very much alone in her struggle to overcome her emotional



difficulties.

Perhaps the most interesting aspect of Ellen's view of herself is that she sees herself as quite similar to her father, and is surprised during the family interview when her sisters describe her as the person in the family who is least like him. Ellen clearly derives her self-esteem from identifying with her father's strengths, primarily his refusal to take abuse from anyone else. She sees herself as strong like her father, and is the only person in the family who seems to have a sustaining belief that he loved her, and a corresponding sense of loss at his death:

See, when he died I felt a tremendous loss for a man's love, Dad loved me and it was gone, and I would never get that again, you know, I always thought...Daddy and I will be close, and stuff like that, and when he died there was no chance for that....

It is unclear, listening to Ellen, how much of her memory of specialness to her father is derived from real interaction between them, and how much is a fantasy she has needed to construct in order to preserve some sense of goodness in her memory of him and her feelings about herself.

Sandra, twenty-one, is a pretty, somewhat reserved woman who has a serious air as she speaks of her past experiences and plans for the future. There is something uncompromising about her, not in the sense of a critical or

judgmental stance toward the world, but rather in an evident determination to look at herself honestly and straightforwardly. Although she joins in the family banter at least as actively as her sisters, she does not seem to use humor to avoid underlying emotion, as Ellen does.

Sandra sees herself as an insecure person, and wishes she were more self-confident; in her insecurity she feels that she is like her father, and perhaps this allows her to have compassion for him. Of the three sisters, Sandra seems the most contented with her current life. She enjoys living away from home for the first time, and, although she does not state it directly, it is apparently a relief for her to have left her recent role as the daughter living at home and diluting the hostility between Myra and Chuck:

I mean, we talked about Chuck and Mom living alone together in this house, and I was leaving, I was definitely gonna leave, you know, but...it made it easier for me that Ellen was gonna come home and maybe smooth it out in this house.... She expressed her feelings that she really didn't want me to leave, she would say, oh, it's gonna be so lonely here without you, Sandra, and I would feel so bad, I'd say, Mom, I really wanna do this, let me do this, you know [laughs].... I just felt so bad. But knowing Ellen was coming home made it much easier.

The one aspect of her experience that Sandra is unable to be honest about is her anger with Myra about her dependence on her daughters. Although she can express her frustration about the situation, she emphasizes the good things about

her relationship with Myra, and clearly finds it uncomfortable to have negative feelings about her.

Carol, twenty, on first meeting appears very confident and poised. Like her sisters, she is very attractive, and she expresses herself more articulately and with more self-assurance than Ellen and Sandra project. She seems to want to understand her experiences and the ways she and her family were affected by their lives with John. During the family interview she listens carefully to everyone else's statements, and it is she who sometimes corrects other people's responses. Accuracy seems important to her. Described by her mother and sisters as someone who keeps her feelings inside, Carol is perhaps the least aware of what her feelings are, and attempts to compensate for her confusion with intellectual understanding. However, as her individual interview progresses, another side of Carol's experience emerges. An honor student to whom academic achievement is very important, she struggles now with "laziness," and lack of motivation to do her work. Although she has performed beautifully in school and has won scholarships, she fears that she will not do well enough academically to go to graduate school. She says that she is not interested in a relationship with a man right now, preferring to concentrate on her school work--yet her difficulty in

concentrating on her work persists.

Overall, Carol has the air of someone who is staving off distress, although she does this in a very different way from Ellen's. While Ellen is anxious, highly expressive, and labile, and so avoids experiencing deeper emotions, Carol dampens her emotional experience under a facade of control. It is very interesting that she describes herself as the child who knew her father least well and had little contact with him since her stories of her childhood belie this view. In fact, listening to her relate the story about their dinner together, and his cruel teasing, it is difficult to believe that Carol did not feel a good deal of rage at these times; also, her compassionate memories of him are more intense than those of her sisters, and must be very difficult to integrate with her anger. It is understandable, then, that she compensates now by generally flattening her emotional experience to avoid internal conflict.

From the descriptions of the Sheehan women, it is very difficult to imagine what Chuck must be like. At twenty-five he is living at home while attending law school. His withdrawal from his family and his generally hostile treatment of them certainly indicate that he struggles with a good deal of inner turmoil, while the fact that he is living at home (when he was accepted to a law

school in another state) indicate a need to somehow remain connected to his family. Two stories about Chuck suggest at least some of what he struggles with as he tries to make sense of his childhood and his father's problems. Myra tells that, after she and John separated, Chuck went to visit her sister, and told her at that time that he did not want to talk about John, who was "his biological father and nothing else." Thus, at fifteen, Chuck struggled to detach himself from any identification with the man who so abused his family. Later, during the year after John's death, Chuck asked to speak to his mother--a rare, and isolated event. He asked her at that time if she thought that, in effect, John had committed suicide by ignoring the tumor he had until it was too late to cure his cancer. We can only speculate about what this question meant to Chuck, but it does indicate some knowledge of his father's suffering, and possibly guilt at this own failure to alleviate that suffering. In any case, he has certainly found it possible to identify with John now, apparently to the great detriment of his personal relationships.

Summary. The Sheehans are struggling to adapt not only to John's death, but to their haunting memories of his life and the ways it affected them. Because of the nature of the marital relationship and the family's stressful and frequently disrupted life, each member of the family must



integrate intensely ambivalent feelings about both John and Myra in order to mourn the end of the marriage, and later John's death. In each child, rage at John for the weakness that led to his alcoholism and for his violent and abusive behavior battles with compassion for his obvious and unfulfilled need for love, and guilt at his or her inability to express that love and relieve John's pain. In each child, rage at Myra for her inability to leave John and protect her children from constant distress battles with concern for her safety, dependence on her as the one nonabusive parent, and guilt over his or her inability to protect Myra from what she suffered from John. No wonder, then, that all of the Sheehan children display obvious difficulties in adapting to their loss.

There are many fascinating complexities in this family's collective and individual responses to John's death. But the most striking feature of their adaptation is their very obvious inability to flexibly change the family structure, or reallocate roles, which Goldberg (1973) designates as an important aspect of a family's ability to adapt to loss. In fact, the Sheehans have maintained the structure of their family exactly as it was when John was living at home, thus totally avoiding the struggle to integrate and work through their ambivalent feelings about John. All that has happened is that Chuck

has taken John's place as the focus of anger and distress, and either because of personal characteristics or because of the family's pressure on him to do so, he has fallen into the scapegoat role (L'Abate, Weeks and Weeks, 1979). Why he has done this, apparently willingly, is an intriguing question. It could be that, as the only male child, Chuck faced a real dilemma in identifying with either parent. To identify with John was obviously problematic, since John's characteristics were dangerous and hateful to his family. To identify with Myra was also problematic, not only because she could not provide a same-sex role model, but because she seemed to her children to be utterly submissive to abuse and therefore always helpless and in danger. In attempting to gain a sense of vitality, virility, and ability to survive, John's characteristics might well have seemed more desirable to Chuck than Myra's.

The three daughters, of course, face the same dilemmas about identification. However, they have managed somewhat more adaptively, by idealizing Myra in their current relationships with her (they do not, for instance, become angry over her dependence on them and her attempts to keep them at home). Thus, they try to understand Myra's past behavior in retrospect, and to identify with the strengths they see in her since her separation from John.

All three daughters currently see themselves as like Myra in certain qualities they feel she possesses, ranging from emotional openness (Ellen's perception) to emotional reticence (Carol's perception)--thus, each daughter sees Myra in a somewhat different way depending on her own needs. In fact, it is quite striking in this family that people's perceptions of each other's traits generally are not consistent throughout the group, indicating that the family members do see each other as they need to, and not necessarily accurately.

Finally, Ellen's responses are unique in her family, and thus interesting to attempt to understand. Apparently, she is unable to feel adequate self-esteem through identifying with Myra, even though she idealizes her perhaps more than her sisters do. Instead, she becomes the only woman in the family to identify with John as well. Yet, because John's memory still carries so much anger in the family, Ellen's identification with him is almost secret. Although she seems to be agreeing entirely with her mother and sisters as they speak of John's difficulties--in fact, she is the most active in deploring his behavior--during her individual interview she reveals her love for him and her belief in his special love for her. When she tells me that John told her she was his favorite, she lowers her voice even though we are in a

private room, saying "I don't want to say it too loud." And perhaps this air of secrecy, of possessing something illicit, accounts for Ellen's basic feeling of being alone, and of not really drawing sustenance from her relationships in the family.

Family #8: The Pratts

Jan Pratt, twenty-one, is a junior at a large university. She saw the ad I ran in the college newspaper, and called me to see if her family would be appropriate for this study. Her mother, Lorraine, had died nearly eight years earlier, and Jan seemed sure that her father, Tom, forty-seven, and her brother, Michael, seventeen, would be just as interested as she was in discussing their experiences. Although Jan lives at the university she attends, her father and brother live in a neighboring town, so it was easy to set up an interview date on a weekend when Jan would be home. She guaranteed her family's participation during our first phone contact, apparently certain that when she asked them they would agree to be in the study. Thus, the Pratts were all present at the interview, and were one of only two families in which everyone participated.

The interview. The Pratts live in a large, old-fashioned farmhouse in a rural suburb of a moderately

large city. The house has a run-down but welcoming feeling, and looks as if it shelters a family that approaches household tasks casually. As we gather around the dining room table for the interview, Tom removes piles of work he has been doing; Jan and Michael sleepily leave the chairs they have occupied close to the kitchen fireplace. Cats prowl about the kitchen and walk across the table during the interview. As the interview progresses and the more painful issues about Lorraine's illness and death arise, all three Pratts occasionally pick up a cat to cuddle, as if for comfort.

The Pratts accept my presence as casually as they tolerate the cats. None of them seems anxious about the interview, although at times all three break down and cry when they discuss Lorraine's death. Jan and Tom are the most active participants in the interview, while Michael is much quieter. He answers direct questions willingly, and sometimes joins in to elaborate the others' answers, but more often sits silently. Jan and Tom sometimes seem to be trying to draw him out, and sometimes seem to be comforting him; both seem more concerned about him than they do about themselves or each other. Overall, the three seem to know each other well and to accept each other easily. There are no undercurrents of discomfort during the interview, and there seem to be no family secrets. The Pratts reveal



themselves as openly as they can, quite simply accepting my presence and temporarily including me in the family circle.

The family. Tom and Lorraine lived in the neighboring city until their children were eight and four, when they moved to their farm. Tom kept his job as a bookkeeper in the city; Lorraine occasionally worked, also as a bookkeeper, but more often stayed at home. Shortly after the purchase of their farm, Lorraine's parents, who were becoming too old to run their own farm in another state, came to live with the Pratts. In fact, Tom describes a family life that often included one or another of Lorraine's relatives, and was almost "communal" in nature. Family life centered around the farm, with the adults sharing the household and outdoor tasks and the children pretty much running free, with few responsibilities to meet. Life was oriented around the family, and even vacations tended to be trips to see family members in other states. Decorating the large house was an ongoing project that was enjoyable for everybody. The grandparents shared in the family projects, in the household expenses, and in the raising of the children, particularly Michael, who was quite young when they moved in.

Conflict in the family was rare, and tended to

center around day-to-day issues such as who would mow the lawn. In Tom's words, any disagreements in the family were generally settled by "negotiation" rather than by argument. The Pratt children, somewhat sheltered and perhaps at home more and with friends less than some children, were by all accounts unrebelling. Life was smooth and uneventful until Lorraine's illness and death.

Currently, Tom still works as a bookkeeper and also does some accounting on the side. Lorraine's parents no longer live with the Pratts, having moved away after her death. Jan lives in an apartment with friends, coming home only occasionally on weekends. Michael, a senior in high school, still lives at home, but is preparing to go to college in another state next year. The family is a changing one, in which the children are separating from their father and he is making plans for his future without them. These changes seem to be accepted by all three as the natural course of events, and everyone seems satisfied with the way the future is taking shape.

The extended family. Lorraine's parents were very important to the family, living with them, and in effect becoming part of the immediate rather than the extended family, until Lorraine's death. Their separation from the Pratts was painful, and Jan, Tom, and Michael are all hurt and confused by what happened. Apparently, after Lorraine

died, her parents went to visit another of their children. They never discussed their plans to move out, but when they returned from their visit simply presented their decision as a fait accompli. Jan was very upset by her grandmother's decision to dispose of all of Lorraine's clothes without asking anyone; in fact, she told Jan that Tom had thrown the clothes away, when she had done it herself. There was bad feeling in the family that had never been there before, and no one understood the nature of the grandparents' feelings or the reasons for them. Thus, the Pratts faced the loss not only of Lorraine, but of the grandparents who had also been an integral part of the family; also, they had to contend with hostility that had never been a part of their lives before.

Several of Lorraine's siblings had also been very close to the Pratts, and also lost contact with them after the death. The only one who currently remains close to them is Lorraine's youngest brother, who had lived with the family for a while when he was in school. However, he lives in another state and rarely sees the family.

Tom's parents were also important to the Pratts, although they always lived far away and were less accessible. Tom's father died two years after Lorraine did, but his mother remains close to the family. Michael chose the school he will attend next year in part because

it is close to where she lives, and he will be able to visit her frequently.

The family's description of the parent who died.

There are two notable factors in the family's description of Lorraine. The first is that only Jan and Tom are able to describe her; Michael has a very difficult time remembering her, and leaves the descriptions entirely to his father and sister. The second is that, in Jan's and Tom's descriptions there is an unusual ability to fully integrate those traits they loved and admired in Lorraine, and those they found frustrating and irritating.

Lorraine, as described by Jan and Tom, was a kind, loving woman who cared very much for her family. Tom describes her as the "catalyst" for her own family's ongoing involvement with each other; she arranged visits, took in her siblings when they needed her, and was the person everyone relied on when they needed help. Both Jan and Tom remember her as someone who consistently put other people's needs before her own, but she does not, in their descriptions, seem to have been particularly self-sacrificing. Rather, she seems to have enjoyed her life and to have had a satisfying range of interests, as opposed to being someone who tended to others instead of tending to herself. They also describe her as artistic, talented in languages and in writing, and energetic in her

approach toward work. Tom remembers her as more emotionally reticent than himself, but feels that this trait never diminished their satisfaction in their relationship ("Lorraine and I understood each other").

On the negative side, Jan and Tom both remember Lorraine as overprotective of her children and inflexible about how she thought they should be raised. Conservative in her outlook, she favored the idea of shielding them from unpleasant knowledge, and this was something that Tom did not approve of. However, Lorraine seems to have been the more influential parent, since Tom was often working, and her childrearing methods prevailed until her death.

The family's experience of the death. The memories of Lorraine's death still move the family to tears. She had a mastectomy to treat breast cancer, and the doctors thought they had removed all of the malignancy and that Lorraine would survive. However, she had a recurrence several months after the mastectomy. Her doctors still felt hopeful, and scheduled surgery to remove the second malignancy. Lorraine was expected to survive the surgery, although she and Tom had been told that it was risky. However, she died several days after the operation. She was thirty-six when she died, and the children were thirteen and ten.

Tom says that the only problems he and Lorraine had



in their marriage happened during the illness, when radiation treatments and chemotherapy markedly affected her disposition. In addition, Lorraine refused to let Tom tell her family or his about her illness, and although he disagreed with her decision, he felt he had to go along with it. In consequence, much of the extended family responded angrily when they found that they had known nothing of the illness while it was going on. Also, the children experienced the death as a major shock, since they had not known the nature of the illness or how serious it was. Jan describes her response when she was told of the death:

Jan: [crying] Yeah, I don't remember if you told me or if someone just sitting around down here told me. But I remember not believing them. And, um...

Tom: I told you.

Jan: [crying hard] ...and looking in this room for her because I thought that you were kidding and that she was really home from the hospital... I just thought that they were joking and that she'd be here.

Jan responded very emotionally to the death, and is described by Tom as being the most openly upset. Tom himself felt so drained by Lorraine's illness that at first he was numb when she died, but later responded with grief. Michael's description of his response conveys something of the confusion of a ten-year-old who cannot really identify his feelings:

Well, at first I was like, I don't know, I didn't really believe it, you know, I knew she was dead and she wasn't gonna come back or anything, but it was just like, why doesn't anybody do anything? Why are we all just standing around? But...then I just...I got really depressed and didn't do anything at all. Just wanted to be around the house.

In fact, Michael's depression extended into his behavior outside the family. Never a hard worker in school, he stopped attending to school work completely and his grades dropped dramatically. It is apparently only recently that he has begun to work harder and also to develop a social life outside the home. Emotionally, he relied on Jan for quite some time, bringing his problems to her; eventually he also became closer to his father, although this change, too, is apparently recent.

For Jan, the response to her mother's death was quite different. Although the adjustment was very difficult for her emotionally and she felt a good deal of grief, she compensated for her loss by becoming very much closer to her father than she had been before Lorraine's death. She also became close to a guidance counselor at school who gave her jobs to do to keep her occupied, and comforted her with stories about his own father's death and how he had responded to it. And in many ways, her life changed for the better after Lorraine's death.

Overprotected by her mother, Jan began to be more

adventurous and socially active, without the constraining influence of Lorraine's "old-fashioned" beliefs. She continued to do well in school, eventually transferring to a private school with higher academic standards.

Daily life changed greatly for the family after Lorraine died, since they had lost not only Lorraine, but also her parents. Everyone had more responsibility in the house, although the children resisted taking on the chores and Tom was unwilling to force them. The three compromised by each taking on somewhat more work, and all relaxing their standards about the state of the house.

Family relationships. Tom and Lorraine's marriage seems to have been one in which both found a great deal of satisfaction. As Tom describes it, their tastes and interests were very similar, and their personal characteristics were complementary, Lorraine being someone who was good at attending to details, and Tom being someone who preferred to generate plans and leave the details of their working out to her. She assumed responsibility for household matters and childrearing, while he attended to work outside the home, and this seemed to satisfy both of them. Tom expresses no dissatisfaction with his wife's desire to have various members of her family live with them at various times, and seems to have been as fond of her family as she was, until the problems that arose after her

death. Jan remembers her parents' relationship as openly affectionate and loving, and maintains their marriage as a standard for her own relationships with men. Again, Michael cannot describe his parents' relationship, saying that he simply cannot remember much about it.

Jan and Tom became much closer after Lorraine's death, and at this point the warmth and appreciation between the two are very obvious. Both say that they can talk to each other about anything, and both feel that they are very much alike in their openness, and in the way they handle conflict--straightforwardly, and with honesty about their feelings. Tom says that Jan has always held a special place in his heart, because when she was born he was in school and Lorraine was working, and he thus took on a good deal of her care when she was an infant. The two have discussed many times their reactions to Lorraine's

death. At one point, while we talk about the illness, the phone rings and Michael answers it. While we wait for him to return, Tom says quietly to Jan, "We've shed many a tear together over this, haven't we, Jan?" It is clear that the two have sustained each other since the death, yet equally clear that Tom has no qualms about Jan's current separation from him, and makes no attempt to keep her close to home. At this point the relationship appears to be between two adults, each of whom supports and encourages the other in

many ways.

Tom's relationship with Michael is quite different, and Tom attributes this to Michael's basic reticence, in which he is more like Lorraine than like Tom. Tom is clearly concerned about Michael and cares about him, but is perhaps at a loss to know exactly how to help someone who is so different in temperament from himself. The two live together amicably, only fighting occasionally over who will do household chores. Both say that recently they have found it easier to talk to each other, and Tom now feels encouraged at the way Michael seems to be maturing, working harder in school and becoming more socially active. Michael says that he did not used to feel he could talk to his father, but in the past year has found that he can discuss his problems with Tom and feel assured of his help. He accounts for the change by saying that he used to feel his father was perfect, and he could not live up to him, but that he has grown up enough now to see that Tom is human and has flaws, and this has made Michael feel more comfortable about talking to him. At the same time, Michael admires Tom's energy and ability to plan and get things done, while Tom has a real appreciation of his son's intelligence and creativity, and feels that Michael could achieve anything if he tried.

Jan's relationship with Lorraine, as she describes



it, was a warm and protective one. Jan remember's her mother's love for her, and in her description there is a sense of lost sweetness, and of her mother's enjoyment of having a daughter. Jan tells, for instance, of how before her death Lorraine had bought her thirteen-year-old daughter a Christmas present consisting of many beauty-care items that a teen-aged girl might be ready to learn to use; since Lorraine died before Christmas, Jan opened it after her mother was dead. Her account of her perplexity because she didn't know what some of the items were for, and her longing for her mother to explain them to her, are very poignant. On the other hand, Jan railed against her mother's overprotectiveness and sometimes fought with her about it, but "always gave in." Her mother's death coincided with a time in Jan's life at which she was becoming more anxious to be independent, and so in some ways she experienced the death as liberating even while she was grief-stricken at the loss.

Michael's inability to describe his mother or his relationship with her is unique among the subjects in this study. As he ponders my questions and tries to remember, he begins to cry, and says that his distress is not because of having painful memories, but rather because he has no memories. All he can remember is getting in trouble at school for not doing his homework, and having to call his

mother from the principal's office to tell her; he has only sketchy ideas about her responses: "It seemed to be like, well, you should try harder, but just, other than that I don't remember much." Similarly, he cannot elaborate the following memory of being with his mother on a family trip:

[Crying]...I remember a couple of things about the trip to Maine if I really think about it. Like I remember we were at this motel and there was a bunch of blueberries across the street and I remember going over there...and that's about it.

The remarkable aspect of his responses to these questions is his appearance of grief. During our discussion of his mother, Michael looks like nothing so much as a small child crying in fear and distress. His whole aspect speaks of grief, and seems to utterly belie what he is saying about having no memories. Yet it is quite clear that Michael is telling the truth, and simply has no conscious access to the memories of Lorraine.

Jan and Michael have been important to each other since their mother's death. As stated earlier, for a long time, Michael took his problems to his older sister rather than to his father, and considered her the only person he could really talk to. Jan seems to have derived some comfort out of partially filling her mother's role in Michael's life, but only took on the role of confidante and did not feel burdened by other responsibilities for him.

Very different in talents and temperaments, the two appreciate each other's strengths. Michael appreciates Jan, however, mainly for her availability to him and her ability to help him solve problems, while Jan admires Michael's artistic creativity and feels that he is very talented.

The individuals in the family. At forty-seven, Tom is a man who seems to have lived through the worst of the grief over his wife's death and to have reached a time in his life in which he sees many opportunities ahead of him. A talkative, energetic man, he is unembarrassed about past mistakes and hopeful about future possibilities. I ask him if he ever worried about his children's responses to Lorraine's death, and his answer is typical of Tom's general feeling about life and how to meet its challenges:

To be honest with you, it's something I've never spent any time on. And the reason I never spent any time on it was that we couldn't do anything about it. In other words, we had no choice, it happened, and we gave it our best shot...um, the effort and everything else was just put into doing something about it, not worrying about it. So, there wasn't worry, and it never once crossed my mind that I couldn't raise them. The question was, what was I gonna give up to do it?

In fact, Tom does not seem to have "given up" too much to raise his children, but on the other hand, has not withheld his attention or support from them. He seems to have

turned the family's adjustment into a group endeavor, rather than attempting to run the family by himself and fill the roles of both parents.

Currently, Tom is seriously involved with a woman he has been seeing for two years, and may marry. He anticipates being lonely when Michael goes away to college, but clearly also looks forward to the freedom he will have as a parent whose children are grown.

Jan, at twenty-one, is pleased with herself and her life. Busy and interested in various extracurricular activities, she achieves a great deal and seems to have a lot of fun while she is working. She sees herself as like her father in her energy and ability to organize and get things done, and as like her mother in her enjoyment of pretty things and her tastes in clothing and decor. It is interesting to notice that Jan sees herself as different from her family in her adventurousness, her willingness to travel (she spent a year of school in another country), and to try new things. Thus, she derives much of her individuality and self-esteem from a trait that only became possible to her after her mother's death. Currently, she sees many choices and possibilities before her, but does not seem unduly anxious about what the future holds for her.

Michael is certainly the most enigmatic member of

this essentially open family. He seems very young for his seventeen years, and in some ways seems more like the ten-year-old he was when his mother died than like a young man about to begin college. He is, despite his reticence, a very likeable person, with a dry sense of humor that occasionally emerges during the family interview. I find as I talk with him that I have a stronger response to him than to most of the other people in the study. His evident vulnerability, his distress at his inability to remember his mother, and the childlike way he expresses his grief make me want to comfort him--essentially, to mother him. From my own responses, combined with his presentation, I get the feeling that Michael has somehow become stuck in his development at the age he was when Lorraine died.

Although he seems so young, Michael is evidently making successful attempts to gain maturity now. Like his father and sister, he seems to be poised on the brink of a new life as he prepares to leave home for the first time; unlike them, he does not seem exhilarated and enthusiastic about the choices before him. However, he is beginning to do more, to be more involved with friends, and to achieve more in school. Describing himself as the artistic member of the family, he acts and plays musical instruments, and writes stories and plays. His tastes in literature run to fantasy and science fiction, and he seems to have a child's



wish to magically change life, as reflected in his interest in comic books about "a group of mutants who go around saving the world." Watching Michael speak about his life, it is easy to see the child that still exists coexisting with the man he is trying to become.

Summary. The Pratts are a family who have changed remarkably flexibly in response to the loss of Lorraine. Although life changed dramatically for them after her death, and they were coping with the multiple losses of Lorraine and her parents, these people seem to have achieved a very successful reallocation of roles in the family that allows all of them to work through grief and move on to new attachments and pursuits. This success in adjustment seems to derive from Tom's ability to compromise about his expectations of his children, to allow them a certain freedom of choice that their mother was not able to allow them, and above all to refrain from pressuring them to meet his needs as opposed to their own.

The anomaly in this situation is Michael. While it is impossible to know in detail everything that has affected his adjustment, we can, by comparing his situation to Jan's, suggest three factors that might account for his withdrawal and depression after Lorraine's death.

Firstly, at the time of his mother's death, Michael was too young to exercise the options that Tom's rather

laissez-faire parenting presented. Whereas Jan, at thirteen, was reaching an age at which her mother's restrictions were frustrating to her, Michael was only ten, still very dependent on his mother and still more tied to the home than his sister. Thus, whereas Lorraine's death provided Jan with the opportunity to be more adventurous and active, an opportunity which Tom allowed her to use, for Michael the experience was simply one of loss and deprivation, with no compensating factors. Now seventeen, Michael is just beginning to be able to exercise his freedom in ways that are enjoyable to him. However, the bereft child who did not receive enough substitute mothering when Lorraine died, and who in effect lost three parents at once (Lorraine, her mother and her father), has never been quieted or comforted, and still lives inside Michael. It is very striking to watch that child visibly emerge as Michael speaks about his mother.

The second factor to be addressed in Michael's response is his specialness to Lorraine and his similarity to her in taste and temperament. Tom and Jan both agree that Michael was Lorraine's favorite, although neither seems to feel that this deprived Jan of any warmth or affection. The two of them were both artistic, both skilled at writing and at languages, and both more emotionally reticent than other family members. Thus, when

Lorraine died, Michael lost not only his primary caretaker, but also the parent with whom he was most identified and who understood him best. Although his father and sister love and appreciate him, they constitute a system comprised of two very similar individuals who themselves have a special relationship--a system that, with the best of intentions, nevertheless excludes Michael. Thus, after Lorraine's death, Michael went from specialness and a great deal of attention, to being an outsider in relative isolation. Even though he was loved and attended to, nothing could recreate for Michael the specialness and connectedness of the relationship he had lost. The pain of this loss is still so great for Michael that he cannot tolerate the conscious memory of the goodness that is gone.

Finally, there is some indication that Michael may also have responded in a way that is not unusual among young children when a parent dies. What he does remember about his relationship with Lorraine is his own misbehavior--his disappointing her by not doing his homework and getting into trouble at school. It seems quite possible that Michael, not understanding his mother's illness and unable to fathom her death, harbored feelings of guilt about it, perhaps even feeling that he had caused it by being bad. This, too, may account for his inability

to clearly remember his interactions with his mother, lest in doing so he unearth evidence that he was in some way destructive or poisonous to her.

## C H A P T E R   I V

### DISCUSSION

Before beginning a discussion of the major factors in the adaptation of children to the loss of a parent, some attention must be paid to the limitations of this type of study and their implications for an analysis of the interactions between family and individual responses to loss.

The data gathered from these interviews are remarkably complex. Contained in each family interview is a wealth of information about the family and its characteristic approach toward life, the natures of the dyadic relationships in the family, and the natures and struggles of each individual in the family. Because of the length of the interviews and the difficulty of getting people to participate in such a long and emotionally draining process, it was simply impossible in this study to take into account every important influence on these families and the individuals in them. For instance, although we know that many cultural factors directly affect the ways families mourn (Blauner, 1966), the only



extra-familial factor addressed in the interview was the nature of the extended family, because there were not enough families of similar cultural backgrounds to make generalizations about their responses. And, although many investigators have theorized about the difference in ability to mourn based on the age of the child (Meiss, 1952; Nagera, 1970; Neubauer, 1960), no confident conclusions can be drawn from these data since the sample does not contain enough same-age children to make generalizations.

In addition, we must take into account the fact that the subjects in this study are self-selected. As in any voluntary interview study, information has been gathered from those who are willing to share it, and this willingness in itself sets the participants apart from the rest of the population of families in which a parent has died--and from other family members who will not discuss their experiences. Those who are unwilling to participate may struggle with problems of a different nature than those who feel able to discuss their experiences with a stranger, and these different types of problems remain relatively obscure. Again, the whole surviving family was present in only two out of the eight families interviewed in this study. However, the fact that data about absent family members was secondhand in this study does not mean that

these data are not valuable. While information gathered directly from the subjects involved is necessary to draw confident conclusions about their responses, information drawn from their families is still very valuable in postulating what their struggles might be.

Thus, the data gathered from these families are not intended to be presented as conclusive evidence about what factors in family life inevitably affect children's responses to the deaths of their parents. Rather, by presenting as detailed an analysis as possible of each family and of each factor that emerges across families, we intend to provide suggestive evidence that will point out directions for further productive research.

In the following discussion, the families interviewed will be compared across various dimensions in order to identify certain factors that might affect the individual adaptations of the children to the loss of a parent. Among these eight families, several distinct trends did emerge that are highly suggestive of what elements of family life are helps or hindrances in the children's adaptations. They will be presented in the following categories:

- 1) the children's relationships with the parent who died
- 2) the children's relationships with the surviving parent
- 3) the nature of the family group.

In addition, two particular types of reactions displayed in only a few of the children interviewed will be examined, with attention paid to what factors in the family relationships may have contributed to such responses.

These considerations will be presented in two categories:

- 1) the dampening of affect as a depressive response to loss
- 2) suicidality as a response to loss.

Every one of the families interviewed could be discussed in its relation to every one of the dimensions listed above.

However, for the sake of brevity and the avoidance of repetitiveness, only the families and individuals who demonstrated the traits in question most clearly will be discussed.

#### The Children's Relationships with the Parent Who Died

In commenting on the development of what he refers to as the true self, Winnicott suggests that, in order for the child to avoid assuming an identity composed of traits that are a reflection of the mother's needs, the mother must be able to accurately respond to her child's needs a good part of the time (1960). In other words, the mother must be accurately attuned to her child's communications to her, and refrain from misinterpreting the child's spontaneous gestures through distortion based on her own

needs. If the mother is unable to perceive her child without these distortions, the child runs the risk of developing a "false self," one that is useful in gaining acceptance from the mother, but which is inauthentic and therefore impedes the child's further development. Further, in order for the true self to develop unimpeded, the mother must survive, in external reality, the repeated aggressive attacks that the child subjects her to in internal reality (Winnicott, 1971). In other words, the mother must have an identity that is strong enough to withstand the temptation of influencing her child to develop in a way that will meet her own needs, and to withstand anger and aggression from her child without responding in retaliatory ways.

Although Winnicott is referring to the period of development that begins in infancy and in relation to the mother, his ideas are also useful in considering the continuing development of identity later in childhood. It seems reasonable to assume that, in order to continue healthy development, children must be able to depend on parents who themselves have stable identities that are undiminished by their children's needs and who are unafraid of their children's full range of affective experience. For, if they cannot, they may experience themselves as destructive to their parents--and one way to counter such

feelings of destructiveness is to develop one's identity in such a way as to meet the needs of the parent. What happens, then, in cases in which a parent requires the child to feel and behave in certain ways so as to maintain the parent's fragile sense of identity? In several of the families interviewed, certain of the children seem to have been involved in such relationships with the parent who died, and in each case this can be seen to have negative implications for the child's ability to adapt to the loss of the parent. Those children who seem to have been most affected by such a relationship with the dead parent are Alison Wilson, Robin Brown, and Christopher Carver.

Out of all of the children in the Wilson family, Alison seems to have been the most indispensable to her mother, Linda. While Julie and Steven each entered a rebellious adolescence, Alison remained close to home and spent more time with her mother than anyone else, even staying home to nurse her during the final year of her illness.

By the Wilsons' descriptions, Linda's dominating personality required a great deal of bolstering and feedback in order that she might sustain a sense of value. Described as vain and extremely jealous, she needed the loving admiration of her husband and children to maintain her belief in her own attractiveness and in her



indispensability to her family. Further, after her mastectomy she became extremely active outside the family, even to the extent that she would sometimes stay out with friends and leave her family to fend for themselves. Her husband, Roger, feels that she behaved this way in order to make the most of what time she had left. It seems equally probable that her greatly increased mobility at this point in her life was Linda's way of fleeing from her fear of death. In any case, at this point, she needed someone to carry out her practical functions in the family, so that she might have as much mobility as she wished. It was largely Alison who provided the most flattering admirer of her mother, who helped her deny her fear of her cancer, and who took over her responsibilities in the family.

As mentioned in the family summary, Alison's description of her relationship with her mother sounds more like one between same-age friends than one between a mother and a daughter. She dwells mainly on her mother's sense of youthfulness and playfulness, and says that her mother seemed very much younger than her age--the way she, Alison, feels now, at twenty-five. The following quote from Alison's individual interview further illustrates the nature of the relationship between her and Linda, and describes one touching instance in which Linda enlisted her daughter's aid in laughing in the face of death:

We kidded around a lot together, some of the things I really miss. It was like, she told me everything...like, say, after her mastectomy she wore the uh, prosthesis I think you call it. We did a lot of work out in the yard together, and there was one time that it had fallen out, and she always joked about it, it was so funny, and she had an old one one day and we were throwing it around the house [laughs]. She was just funny, because it seemed to me that after the same age, she never--I don't act my age, I'll be twenty-six soon, and I don't act my age a lot of times, I don't feel I'm twenty-six, and I feel that my mother never really acted her age, she was like a little kid....

Of course, in Alison's memories of Linda there is much that was truly sustaining and loving. The problem for Alison is that, because of the intensity of Linda's need for her to stay close to home to be confidante and comrade to her mother, and to be a substitute homemaker when Linda wanted to be away, she was never allowed to express the more angry, independent traits that might have helped to move her in the direction of separation from the family. There is direct indication in the family interview that much more pressure was placed on Alison to behave well than on her siblings, as in the following exchange about discipline:

Alison: There was a lot more discipline, I feel, with me than there was with my sister or my brother. And I used to get mad at that.

Julie: First child.

Roger: You got hit. You got spanked, and with the other two, I don't know, I think I hit them once or twice. But we weren't, uh...Alison got

the worst of it.

And, it is clear that Alison's moments of rebellion were ineffectual in winning her release from her dependent and self-sacrificing role, since now she remembers her few angry outbursts at her mother with guilt and a sense of wrongdoing.

Thus, now that Linda is dead, the identity Alison constructed to meet her mother's needs is anachronistic in her life. However, having never been allowed to develop more independent and adventurous traits, she is stranded in a circular dilemma: she is unable to integrate her loving memories of Linda with her anger over Linda's demands, because if she allowed her anger expression she might lose those sustaining feelings of goodness in the maternal relationship; yet, unless she does manage to express her rage she will be unable to break away from the submissive, self-sacrificing role in which she finds herself, and create a new identity that is better adapted to mature functioning. This dilemma is maintained in part by Alison's family, who continue to value her most for the qualities that kept her indispensable to Linda, close to home, and thus relieved the others of the responsibility of meeting Linda's needs.

In some ways, Robin Brown's relationship with Evelyn was similar to Alison's relationship with Linda,

although it arose from very different needs in Evelyn. In this case, Evelyn seems to have been a mother who used her daughters to provide the only sustaining sense of value she had. Although her husband very obviously appreciated and respected her, his respect was based on her submissive, conciliatory stance toward the world, and depended on her absorbing his opinionated, angry outbursts without complaint or retaliation. Evelyn seems to have been a woman whose basic form of behavior was self-denial. The self-denial she practiced with her husband was in some ways demeaning to her, as even her daughters' idealized memories of her indicate. The self-denial she practiced with her daughters, however, allowed her to be, in their eyes, a saint, a perfect mother, and the source of all goodness in their lives. Thus, Evelyn demanded nothing of her daughters except that they remain attached to her so that she might continue to be the perfect mother; but in her insistence on providing everything they needed and her refusal to allow them responsibility or autonomous action she unwittingly blocked their development to maturity and independence.

In Robin, the effects of this demand are evident in her extremely idealized memories of Evelyn. Like Alison Wilson, Robin is unable to attack her loving memories of her mother with the anger she feels over the ways in which

Evelyn blocked her independence and self-sufficiency. Although her anger is never expressed openly (as Alison's occasionally was in her throwing things or slamming doors), it is very evident in her exaggerated sense of her own destructiveness, which reveals the existence of feelings of rage in her internal experience. Not only does Robin remember her few adolescent tiffs with her mother with a remorse that is entirely out of proportion to the events she describes, she also felt that her planned separation from the family (her moving away after her marriage) actually may have brought on her mother's final decline. This story supports the suggestion that Evelyn's overriding need was for her daughters to remain attached to her; in Robin's mind, separating from her mother is tantamount to murdering her.

While Alison was left after Linda's death with an identity constructed of those traits that her mother had needed her to have, Robin, whose mother demanded nothing except her dependent presence, seems to have been left mainly with a sense of extreme youth and helplessness. She has countered these feelings by adopting, in her own family life, those traits she valued in her mother: attentiveness to others, a central focus on her children, and a role as mediator and peacemaker in her family. However, this selective identification with valued traits of her mother's



does not work for Robin. As Volkan (1972) explains, this type of identification is the adaptive conclusion to the process of mourning only after the mourner has achieved a successful integration of ambivalent feelings about the deceased. And this is something Robin cannot do, because her angry feelings toward Evelyn are simply too frightening for her to acknowledge. Those traits of Evelyn's which she adopts combat, and to some extent cover, angry and aggressive feelings that cannot be expressed. Thus, they do not enrich her identity, as a useful identification should, but rather diminish it by denying her the richness of a full range of affective experience.

Christopher Carver, too, was indispensable to the parent who died. Although he is so extremely idealized in the memories of both his son and his wife, Daniel Carver ultimately emerges in both of their stories as a man who was very lacking in self-confidence and who looked into his family's eyes to find a flattering reflection that would allow him to believe in himself. He seems to have needed this equally from his son and his wife, who used the interview to compare their experiences, as if each were the survivor of a relationship so intense that it had excluded all others in their lives--and, in fact, Christopher and Marian both say that they had very little to do with each other until Daniel died.

Daniel seems to have needed different kinds of support from Marian and Christopher, and it is the demands he made on Christopher that will be considered here. By Christopher's account, he looked to his father as the source of everything that was of value in his life, until he reached adolescence. In itself, this is unremarkable in a young child, although Christopher seems to have had little contact with friends his own age, and to have been until adolescence part of a constant threesome with his parents. The unusual aspects of Christopher's experience have to do firstly with his dependence on his father to the exclusion of his mother, and secondly with the consequences (in his own estimation) of his adolescent rebellion.

The intensity of Christopher's and Marian's attachment to Daniel and the fact that they were not at all attached to each other is striking. It is an indication that here, again, is a family in which one parent was the source of all goodness for the child. Christopher remembers getting all of his acceptance from his father; Daniel was lenient about bad grades and indulgent of his son's interests, while Marian is described by her son as "tough-minded." Given the Carvers' memories of Daniel's personality as so strong that it dominated both of them and that they, in Christopher's words, "lived off it," it seems very likely that Daniel behaved in such a way as to foster

their need. This was the way Daniel countered his own neediness and the lack of self-confidence Marian remembers so vividly. The other clue to Daniel's need to be the focus of his son's and wife's attention is in Christopher's poignant description of his relationship with his father, quoted in the family interview. Here, Christopher testifies to what it was like for an adolescent boy, struggling to develop his own identity, to always be upstaged by a father who needed to be the center of attention, and whose performance was hard to live up to ("he would always tell the jokes, and I'd always laugh").

Unlike Alison Wilson or Robin Brown, Christopher attempted to escape the relationship that so constricted his experience. Like many adolescents, he attempted to achieve a separation from his father through sullen withdrawal and angry outbursts. Now, however, Christopher's continuing anger is expressed as indirectly as Alison's and Robin's, but is more than evident in his sense of his own destructiveness. Although Marian remembers her son's behavior as unremarkable, Christopher exaggerates his adolescent rebellion in his mind, refusing to see it as normal or as having anything to do with his environment; it is his fault, it is "something in his brain." Thus, he attributes the anger he felt as a teen-ager to an internal flaw in himself. And, with the

most stunning clarity of any of the children in this study, Christopher demonstrates exactly how murderous his angry impulses are in his internal experience: he believes quite literally that his attempt to separate from his father caused Daniel's death. He communicates this in the following statement:

The thought might have gone through his mind, 'maybe the only way I'm gonna be able to communicate anything to Christopher is to die.' When I look back on that and what's happened since, I realize that if he hadn't died...I don't think I would have ever come back around to life. I think I would have always been battling people and kicking walls and slamming doors. But because he died, it really gave me a lot of food for thought for a long time. And as a result now, you know, I care about the world of the living. That thought has crossed my mind many times, that maybe he said to himself--'it's drastic action, but maybe I should just let myself fade away.'

Believing sincerely that he caused his father's death, assigning all the blame for his teen-age anger to himself, and maintaining his father in memory as an unrealistic ideal (who is still impossible to live up to) leaves Christopher unable to resolve his ambivalence about Daniel. It also leaves him with a severely impaired sense of himself, since he believes in effect that he is defective and killed his father. Thus, a productive adaptation is impossible for Christopher until he can begin to integrate his anger with his loving memories of Daniel.

The three children described above adapted their identities to meet the needs of the parent who died. The problem for all three is that, now that the parent is dead, the identity the child established is no longer maintained and rewarded by the presence of the parent. The identity is no longer relevant to the state of reality in the external world, and yet it persists, hampering the child's development of new identity in response to new reality. This can be attributed in part to each child's intense ambivalence toward the dead parent, arising out of the extreme sacrifice each child made of his or her own needs in the service of the parent's needs. The ambivalence cannot be resolved because the anger is too intense, and if acknowledged will rob the child of the sustaining idealized parent each maintains in his or her internal world (Bowlby, 1963; Klein, 1940). This internalized ideal exists as a constant, inflexible presence, unable to change as the real parent might change, because it is a construction of fantasy unmodulated by reality testing in the external world. For Alison, Robin and Christopher, the conflict between their love and their hate for the dead parent maintains a constant, immobilizing tension in their internal experience.



## The Children's Relationships with the Surviving Parent

The relationship with the parent who died, as illustrated in the previous section, can be a continuing factor in the child's ability to mature and separate from the family even long after the death. Correspondingly, the surviving parent can be equally important in influencing children's adaptations to the loss. For younger children especially, it is the surviving parent who can significantly ease the process of adaptation, since he or she remains a constant presence in the child's life, and in most cases determines the nature of the family and its relationships as they will continue after the other parent's death. The surviving parent, however, can also work against adaptation, however unintentionally, again by using the child to fulfill his or her own needs. In three of the families interviewed, this type of relationship occurred in response to the needs that arise in the surviving parent after the death. The relationships in question are those of Bonnie and Derek Baxter, Jack and Cindy Brown, and Marian and Christopher Carver.

Bonnie Baxter, left a widow with nine- and twelve-year-old sons at the age of thirty-five, had struggled for ten years with her husband's increasingly debilitating physical and emotional illnesses. By the time

he died, she and her children were exhausted by the long-term experience of his illness and the effects it had on the emotional tone of their family. Although she met the challenges of Ron's illness and death bravely and without recourse to self-pity, it is certainly understandable that Bonnie would need comfort and emotional closeness when she was left alone. This is a common need for a widowed parent, and most of the parents who took part in this interview describe feeling comforted and supported by their children in their first months of grief. However, in the Baxter family this function is totally filled by Derek, since Scott is hostile to his mother and emotionally unavailable to her. And the possible complications inherent in this relationship for Derek seem to derive from the fact that he is the sole support to his mother, along with the fact that his age at the time of the death meant that he was close to the home and totally available to her.

As suggested in the family summary, it is possible that Derek, having always known his father as someone who was ill, may have selectively developed those qualities that would keep him securely attached to his mother, the only healthy and stable parent. At this point she does perceive him as like her, always knowing the right thing to do for her, and very dependent on her. Although Derek has

good memories of his father (who does seem to have been well enough for some years to provide loving parenting to his sons), he also has had reactions that suggest his fearfulness of the dread of death in his family, and his feeling of responsibility for his father's death (his fear of the dark, and his nightmares). Further, he has worries about the family's finances and practical survival that are not age-appropriate.

Thus, it is difficult for Derek to begin to separate from his mother, because he needs her as a foil for the difficult feelings he still struggles to overcome. For eleven, he is excessively dependent on her, and shows no signs of beginning to move toward independence. Because Derek is very young and his father's death was very recent, it must be stressed that this formulation of his current problems and their possible consequences is speculative. Bonnie is an attentive mother who worries about the effects her own adjustment will have on her sons, and who shows every sign of being able to put aside her own needs for their sake. She has sought psychological counseling for Derek when she has been worried about his adjustment. Therefore, it seems likely that she will move at the appropriate time to foster independence in Derek and to help him separate from her. However, as an illustration of a potentially maladaptive relationship that is currently

approaching a turning point at which it can either continue in an entrenched pattern or flexibly change to foster healthy adjustment, Bonnie's and Derek's relationship is a useful one to consider.

Jack and Cindy Brown have a different kind of relationship, and one that seems to have less potential for moving toward healthy adaptation. When Evelyn died, Cindy lost the one parent to whom she was intensely, even excessively, attached--in her words, "she was my everything." Almost the same age as Derek Baxter when Evelyn died, Cindy faced a very different kind of adjustment than Derek did. With her sisters grown, married and out of the house, Cindy was left totally alone to develop a relationship with her father, a man with whom she had had virtually no relationship before.

In his relationship with Cindy, Jack for the first time assumed a parental role, without his wife's mediating influence in the family. It is clear from his descriptions of his attempts to ensure that Cindy was taken care of that Jack poured much of his energies into being a father, and in fact that he diverted much of the expression of his own grief into his attention to her. Interestingly, although he speaks bitterly of his current relationship with her, he says that she was the most comfort to him after Evelyn died--not because of any personal qualities of hers or any

warmth in their interaction, but because he was forced to be very much occupied with her care. In fact, although he complains of Cindy's laziness and irresponsibility now, he took on many of the tasks that Evelyn had done for the family, cooking for Cindy, cleaning the house, doing her laundry. She became the focus of most of his attention, but that attention was not sustaining or comforting to her. In effect abandoned by her mother and by her sisters, Cindy inherited from Evelyn the onerous position of being the recipient of Jack's argumentative and opinionated tirades. To her, this translated into the "verbal abuse" she feels she has suffered from him for years.

The basic problem for Cindy seems to have been that Jack has needed from her something she had given only to Evelyn--an assurance that he was a good parent. His need for validation and acceptance came through clearly in his interview, as did Cindy's flat refusal to provide the feedback that would make him feel that he is of value to her. It seems that there simply was not enough real warmth or interpersonal knowledge between these two on which to base the type of relationship they both needed. Having all her life lived in a family in which her mother was considered saintly and the source of all good, Cindy was unable to see her awkward, emotionally distant father as another possible source of goodness. And Jack, instead of



attempting to find his own ways of relating to his daughter, instead tried to fill Evelyn's place and to be the recipient of the same sorts of feelings she had inspired in her children.

Christopher and Marian Carver, too, had little history on which to base the relationship they had to establish after Daniel's death. Because Christopher was much older than Cindy Brown at the time of the parent's death, he was less tied to the home and thus had more freedom of movement than she did. However, the nature of his relationship to Marian since Daniel's death seems to have hampered his adjustment as significantly as the nature of his relationship to Daniel did.

Unlike Jack Brown, Marian made no attempts after Daniel's death to see to the welfare of her seventeen-year-old son. Quite the opposite, in fact, since by her own admission she depended on him to "babysit" her during her most intense period of grief. She showed every sign of being about to fall apart, to the extent that Christopher felt he maintained his own sanity only because he "might have to call an ambulance" for her. Thus, having lost the parent in which he located all of his sources of strength and goodness, Christopher was suddenly faced with another parent who seemed to be exactly the opposite--a reservoir of chaotic feelings and overwhelming needs, as

opposed to a strong personality (in fantasy, at least) whose attributes nourished both mother and son. And certainly, feeling as defective and destructive as he did, Christopher did not have much confidence in his own ability to nourish his mother the way he believes his father did.

An interesting point about Marian's use of Christopher during this time is that she demands no reassurance from him about her having been a good mother, as Jack Brown tries to demand of Cindy. Marian feels and expresses a good deal of guilt about her relative detachment from Christopher during Daniel's life and her dependence on him after Daniel's death. In fact, she berates herself dramatically for her behavior during the family interview. The interesting result of this self-vilification is that it seems to allow Christopher no chance to be angry with her on his own behalf. He certainly feels anger toward her as well as toward Daniel, but to agree with her extremely negative assessment of herself would be to express those very angry and retaliatory impulses he is already trying so hard to deny. Thus, Marian's behavior helps Christopher to maintain his inability to acknowledge anger, and helps to block his ability to reorganize his internal world adaptively. Her apparent fragility keeps him attached to her and demands that he deny an important aspect of his internal

experience.

In great contrast to the relationships outlined above are those in which the surviving parent has been able to refrain from asking his or her children to mold their identities, or to emphasize or deny any aspects of their experience, to meet the parent's needs. Vivian Johnson, Louise Grant and Tom Pratt have all been such parents, and for the most part their children do not display many problems in adaptation. The major difference in all three of these cases seems to be that Vivian, Louise and Tom have all been satisfied with their own identities, and truly appreciative of their children as unique and separate people.

In Vivian Johnson's descriptions of her children nothing is so evident as her hearty enjoyment of their different attributes. This is best illustrated in her explanation of how each child's words when very young were indicative of how his or her personality would develop:

Catherine began to speak very young, and the first thing she said was "more! more! more!" [laughs] Matthew didn't speak until very late, I was about to take him to a specialist. And then I had him in the high chair, and I picked up a large dollop on the spoon, and he said "I don't want any of that!" It was the first thing he said, and it was an entire sentence, and most kids start with a word. He waited until he had something to say. And Bill, I have a story about him, too. We had gone to the Cape, and we went

to pick wild strawberries, and he was lagging, and I told him to pick just a few more. And he looked at me and said, "Let's face it Mom, work is not my bag!"

All of this is related with great enjoyment and with pride in her children's uniqueness. Although she has pressured Bill at times to work harder, there is no indication from him or from her that she has ever required him to fill her personal needs or to significantly alter his own identity.

Louise Grant, too, projects a great appreciation of her children as individuals who are living their own lives, with her help and guidance. Although Heidi was very important to her after George's death, and the two remain very close, Louise had no problem allowing Heidi to leave home when she was ready; there was never any doubt that Heidi would go away to school although there were many schools to choose from that were close to home. Perhaps the greatest indication of Louise's unusual ability to see her children as other than extensions of herself is her statement that she sometimes hopes she is like her daughter, because she admires some of Heidi's qualities. It is not that Louise does not take great pride in the way she herself has worked to keep her family functioning smoothly. Rather, she does not ask her children to sacrifice or deny aspects of themselves in order to make this task easier for her.

Similarly, Tom Pratt made few demands of his

children to help him in his adaptation to Lorraine's death. While the whole Pratt family had to find new ways of running a household that had been drastically diminished by the losses of Lorraine and her parents, no one seems to have been pressured into a role that limited his or her development. Tom, like Vivian and Louise, sincerely appreciates his children as individuals. He can see in each of them attributes that he admires but does not see in himself. Basically a confident man who is satisfied with his own identity, he does not ask his children to bolster his confidence or meet his emotional needs, other than expressing to him the love they obviously feel for him. He, in turn, fosters their good feelings about themselves by allowing them freedom to pursue their own interests and by communicating his appreciation and admiration for the independent action they take. Like Louise, he is ready to encourage his children's separation from him as soon as they are ready to go.

### The Nature of the Family Group

Dyadic relationships in families, particularly between parents and children, are undoubtedly important in shaping the response to loss. Yet every dyadic relationship exists within the context of a family group which, in its turn, influences the relationships within it,



and either limits or expands the possibilities for adaptation of each individual. Previous investigators have identified certain traits in families that can work for or against productive adaptation to the death of a family member. Among these traits are the ability or inability to communicate openly, sharing grief and tolerating pain (Goldberg, 1973; Herz, 1980), and the ability or inability to change flexibly in response to the death, reallocating family roles and accepting growth and change in the family members (Paul and Grosser, 1965). An analysis of the families interviewed for this study supports these earlier findings, and suggests certain other family traits that are also important in the response to loss. These are the family's splitting of ambivalent feelings between the two parents, and the existence of an identifiable family ideal that provides a standard by which individuals can measure their own behavior.

The following consideration of family traits will be presented in four sections: communication and tolerance of grief; flexibility and tolerance of change; the splitting of ambivalence; and the family ideal. In most cases, these traits tended to exist together in certain families. For the sake of clarity, they will first be considered separately, and then an analysis will be presented of the ways in which they interact.

Communication and tolerance of grief. The families interviewed varied considerably in their ability to share and tolerate painful feelings. However, four families stand out as exceptional along this dimension. The Browns and the Carvers were remarkable for their total lack of communication during the long illnesses of Evelyn and Daniel, while the Grants and the Pratts were clearly able to maintain open communication among family members, even about the deaths of George and Lorraine.

In the Brown family, no one acknowledged or discussed the possibility that Evelyn would die, although she suffered from cancer for six years. Nor did they discuss her illness itself, or its implications for their lives, before it was clear that her diagnosis was terminal. Even today, and even during an interview largely focused on the illness and death, no one says the word "die," and Jack displays intense discomfort when he tries to articulate the reasons he and his wife did not tell their children about her approaching death. And, in fact, Evelyn herself totally denied the significance of her illness, not only in its implications for the future, but also in its effect on the pragmatic aspects of family life. She simply refused to acknowledge that she was ill, to the extent that she maintained all of her responsibilities and refused to allow her daughters to help

her, even though it was obvious that she was suffering.

Robin, as quoted in the family case study, now views her own denial of her mother's terminal status with disbelief. And one consequence this denial seems to have had for her is that, in her internal experience, she still maintains an image of her mother as alive. In Robin's dreams, her mother returns for a few months; in the dream experience, Robin has the chance to communicate with her mother as she could not while Evelyn was alive, to make reparation for what she feels were her failings as a daughter, and to say good-bye. Clearly these needs still constitute an important part of Robin's experience, a conflict that she cannot resolve. For Cindy, too, the silence maintained around her mother's approaching death has had negative implications. Only ten when the family gathered at Evelyn's deathbed, she was unable to acknowledge the truth, still unspoken, that the rest of her family finally could not deny. Although her tears and panic indicated that she did on some level realize what was happening, her mother still refused to tell her the truth, instead lying to Cindy by saying she would be alright. Even as she idealizes Evelyn now, Cindy struggles with her competing feelings of anger that her mother lied to her. She attributes her inability to trust people to this lie, and her pervasive feeling that in any important

relationship in her life, she is unable to feel peace of mind because she fears that "everything's gonna turn around."

In the Carver family, the significance of Daniel's illness was also systematically denied. Although by Marian's account Daniel was told that he could live a normal life span if he reduced his activities, both mother and son now acknowledge that other people who knew Daniel were aware that his condition was steadily worsening. Other family members have since revealed to them that they expected Daniel to die. Christopher and Marian, however, never acknowledged Daniel's deterioration to themselves or to each other. Christopher describes himself during this period as totally detached and unaware of his father's state of health, while Marian describes her reaction of terror when Daniel tried to broach the subject. Thus, the death itself was experienced by them as unexpected, and they, too, are left with many conflicts about Daniel that cannot be resolved in his absence. And in these two people, the lack of such resolution takes an ominous shape. In the absence of any conscious acknowledgement that Daniel was going to die, and the consequent absence of any discussion with him of his feelings about them or about his own mortality, both have constructed terrifying fantasies that they were responsible for his dying. In

this case, communication among family members might have provided some reality testing to modify such destructive beliefs.

In the Grant and Pratt families, no such unresolved conflicts or morbid fantasies exist. These are families in which ample space was provided for the family as a group to discuss the grief they felt, and to conquer the external and internal disorganization imposed on the family by the parent's death. Louise Grant, left with seven- and eleven-year-old children, wisely did not wait for them to express their feelings to her, which many younger children are not able to do spontaneously. Rather, she sat down with her children and discussed George's death "even when they didn't want to." And in the Pratt family, even now family members can shed tears together over Lorraine's death with no sense of discomfort. As Tom remarks to Jan, this is a topic they have cried over together many times before. Interestingly, this family openness is something that occurred only after Lorraine's death, since she would not allow Tom to tell anyone that she had cancer. And the only persistent distress that Jan, generally so well-adjusted and contented with herself, displays now, has to do with the fact that her mother's death was a surprise to her. When she cries now over Lorraine's death, she seems to be crying more over her childhood experience of



betrayal than over a continuing sense of loss. Despite this betrayal, Tom's attitude of open communication after Lorraine's death seems to have been a reparative experience for Jan, allowing her to resolve her grief and move on to satisfying new pursuits and attachments. (Michael has continuing problems, and seems to be an unusual case. His responses, however, do not seem to be affected by the nature of the communication in his family, and will be considered in the section on the dampening of affect as a depressive response to loss.)

Flexibility and tolerance of change. The families displaying the least tolerance for change are the Browns and the Sheehans. In each of these families, the essential organization of the family has remained the same, even as the children have grown up and the family life style has changed. The key to understanding the lack of change in these families is in the role of the parent who died. In each case, the parent who died filled an indispensable role in the family, one the group could not function without after the death. In these two families, the group responded to the loss by assigning one or more family members to take over various aspects of the dead parent's roles.

In the Brown family, as stated earlier, it was Evelyn who provided all of the indispensable functions in

the family. She was the source of love and nourishment, the person who provided all of the child care and did all of the household tasks, and also the one person who absorbed all of Jack's argumentative outbursts. It is fascinating in observing the family's interactions now to note that each of the three people interviewed has taken on one of these functions: Robin has become the source of love and acceptance, Jack has taken on the child care and the housework, and Cindy, the only child left at home, became the unwilling sponge that absorbs Jacks' tirades. As described earlier, these roles, imposed by necessity and not by personal choice, have severely limited the capacities of the Brown children to achieve real change and growth. Not enough information was provided about Sheila, the absent oldest daughter, to understand in detail how she apparently escaped falling heir to one of these roles. It may be that Sheila's personal characteristics did not allow her to adapt to the dependence Evelyn wished to foster in her daughters, or it may be that, as the oldest child and the first married, she managed to separate from the family before Evelyn began to dread her children's separation from her and to work against it. In any case, it is Robin and Cindy who now bear the burdens of their mother's legacy.

In the Sheehan family, John also filled an indispensable role, although one of a very different nature

than Evelyn's. John, through his alcoholism and abusiveness, inevitably became the container for all of the family's bad feelings of fear, hatred and rage. Because the family was constantly under the threat of verbal and physical attack from John, they had to protect themselves and each other from any added anger or abuse. And, as Myra described, feelings among them were consequently repressed and denied. Today, the family functions exactly as it did when John was still living at home. The only difference is that it is now Chuck who fills John's role. The whole family sees Chuck as exactly like John, and describes him as abusive in every way John was, except physically. Further, the daughters still protect their mother, except that now they protect her from Chuck's abuse instead of John's. It is really remarkable to see how completely this family has recreated the situation that existed while John was living at home, to the extent that the children keep returning to live with Myra even after they have moved out. For them, the need to have a scapegoat to absorb anger, and the need to protect each other from an external threat, is simply too compelling to relinquish.

Again, it is the Grants and the Pratts who stand in contrast to other families that cannot effect flexible change in response to the death. In both families, life changed after the death in such a way that the family as a

group, and the children as individuals, moved ahead in development. Louise Grant, by her own description, did work very hard to fill George's role in her family. However, there are two very important factors in her behavior that made her response an adaptive, as opposed to constricting, force in her family. Firstly, Louise took on parental responsibilities that were totally appropriate for her to assume and that were necessary to the well-being of her young children. Secondly, she did not sacrifice her own further development to the needs of her children, which might have resulted in bitterness in her and a consequent guilt in her children. Rather, she disposed of her husband's business, and went back to school to get further training in her own work. Heidi assumed certain household responsibilities that were neither too difficult nor too time-consuming for her, and consequently gave her a sense of accomplishment and a belief in her value to her family. David, only seven when George died, continued to receive the attention and concern he needed until he reached an age at which he, too, was ready to assume more responsibility and gain maturity.

In the Pratt family, Tom made no attempt to fill the roles of Lorraine and her parents. Rather, he and the children, through trial and error, redefined the family's standards of behavior and changed their routine. Unwilling

to spend a great deal of time in household maintenance or chores, Tom avoided imposing these responsibilities on his children. As he describes it, the children refused to do many of the household tasks, perhaps feeling that it was unfair for them to have to do so when he was so much occupied with his work. So, instead of forcing the issue, Tom responded to the children's anger with compromise. Each took on certain extra tasks, but no one worried about things that didn't get done. Further, Tom changed the family's outlook on a number of dimensions. More openly communicative and less protective of his children than Lorraine, he allowed them more expression of emotion and more freedom of movement than she had allowed. Again, this approach seems to have been the making of Jan, who was ready to gain more independence and who by nature prefers to discuss her feelings. It worked less well for Michael, who at ten perhaps needed someone who would replace some of the special functions his mother had filled for him.

The splitting of ambivalence. There are four families in which one parent exists in memory as the source of either all good or all bad in the children's lives. These are the Wilsons, the Browns, the Carvers and the Sheehans. In each case, the children in the family are unable to achieve a successful adaptation to the death, because they remain unable to integrate their loving and



hateful feelings toward the dead parent, and indeed toward the surviving parent as well. Further, in the Wilson, Brown and Carver families, the dead parent exists as an impossible ideal which the children are unable to live up to, and consequently they struggle with feelings of inadequacy and defectiveness. In all of these families, the dead parent's need to be seen as indispensable severely impaired their children's abilities to locate sources of strength and goodness in themselves.

In the Sheehan family, John is maintained in memory as the source of all bad and hateful feelings. This is as limiting to his children as the ideal memories maintained in the other families. While the idealizing children cannot live up to their parents' fantasied perfection, or relinquish the idealized memory that still provides their emotional nourishment, the Sheehan children cannot draw sustenance from memories of their father, and experience themselves as defective because they could not express love to him or protect their mother from him. Further, they cannot acknowledge their own aggressive, angry feelings because to do so would be to acknowledge similarities to John. They cannot, for instance, acknowledge anger at Myra for her dependence on them, for their role is to protect her, not to attack her. Thus, all of the angry feelings in the family are assigned to Chuck, and the children's more

difficult feelings are repressed and denied just as surely as they were when John lived at home. To alter their memories of John to integrate their more loving feelings of him with their hateful ones would be to dangerously alter the belief system that has always been the structure on which the family's experience was built. The only child who dares to attempt this is Ellen, but she is still unable to achieve a successful integration of her feelings about John. Because she needs to belong to her family and craves the love and acceptance they provide, she is unable to openly challenge their belief system. Instead, she keeps her loving memories of John secret, and struggles with feelings of guilt that he loved her more than the others, combined with triumph over her special role in his life.

The family ideal. The ways in which a family's maintenance of an idealized memory can hamper adaptation to loss have been described above, and will not be reiterated now. Instead, in this section an unusual phenomenon will be considered, one that was only evident in one of the families interviewed: the Johnsons. In this family, although many aspects of their family life might well have created difficulties in adapting to Oliver's death, people seem to have adjusted remarkably well, and this seems to have to do with a standard for ideal behavior that unifies and organizes the family's experience in a very useful

way.

The Johnsons did not have particularly warm or sustaining relationships with Oliver, who was almost totally preoccupied with his work. Further, there is ample evidence in the interview that communication in this family was intellectually open, but emotionally closed. While people were likely to argue about literature or to become passionately involved in their individual pursuits, they did not seem to be very passionately involved with each other. Far from communicating his worries to his family, Oliver apparently hid his knowledge of his heart condition from them, a fact that does not seem to bother either Vivian or Bill as they relate it now.

In this family, it seems to be the case that the standards for behavior which Oliver represented were more important than Oliver himself. Every child in this family has in some way accepted the family ideal. Catherine and Matthew have "covered themselves in glory" academically, following closely in their parents' footsteps. Bill, less successful academically, finds a source of pride in being artistic, and thus different from his siblings, but nevertheless fully accepts that Johnsons dedicate themselves to their work and achieve their goals. Thus, while Oliver was not much present in his children's lives, his memory has become a very useful part of their

experience. Instead of being held back by anger or bitterness over his lack of attentiveness, they are urged forward by their desire to achieve as much as he did.

Perhaps the key to the success of this way of being for the Johnsons lies in the absence of certain traits which other parents in the study displayed. Although the Johnsons made no bones about encouraging their children to adopt certain standards of behavior and reach certain levels of achievement, they did not limit and constrict their children's development of individual identity. While other parents in this study demanded that their children construct themselves in certain ways so that they themselves might feel adequate as parents, the Johnsons encouraged traits that would guarantee their children success in the external world. They urged their children to select pursuits that would make use of their talents, and that would give each child a sense of worth based on his or her unique abilities. Thus, although there may be a lack of warmth or intimacy within this family, there is no lack of growth, separation, or achievement outside the family.

Before concluding this consideration of family traits that are relevant in the response to loss, the ways in which certain of these traits interact should be examined. The analyses above are indicative of the fact

that inability to communicate, intolerance of change, and the splitting of ambivalent feelings seem to appear together in a number of families. Further analysis suggests that all of these traits are related to the needs and demands of the parents.

In examining the lives of these families in detail, an intriguing question arises: what is the source of some of the patterns of behavior that seem to limit people's abilities to accept the loss of the parent? In each of the families in which adaptation seems to have been impaired--the Wilsons, the Browns, the Carvers and the Sheehans--inability to communicate, inability to change effectively, and inability to integrate ambivalent feelings are present to some extent. If we look at these families again, we can see that each of these traits can be traced to the needs of one or another parent to be seen in certain ways and to maintain a certain role in the family.

The children most affected in these families are Alison Wilson, Robin and Cindy Brown, Christopher Carver, and Ellen and Chuck Sheehan. And in all of these cases, these children were in one way or another used by either the dead or the surviving parent--or by both--to provide the parent with a sense of worth or with protection against danger.

Thus, in every one of these cases, the child has



adapted his or her feelings and behavior to the parents' needs, and has thus been left with a severely impaired sense of self, a feeling of inauthenticity in his or her internal experience, and an inability to move forward toward growth and separation. These children have been unable to openly express authentic feelings, unable to flexibly change in response to their own changing needs as they get older, and unable to integrate ambivalent feelings about their parents, because, while the parents are the ones who limit and constrain them, they are also the ones who provide the only good feelings the children have. It is in being what their parents have needed them to be that these children have found their only sense of achievement and worthiness.

What impels certain children and not others toward this adaptation is an important topic for further research. It may have to do with constitutional traits, or with subtleties in the relationships in question which this type of interview is not sensitive enough to reveal. Or, the selection of certain children may have to do with external factors such as the timing of the birth, deaths of grandparents, physiological similarities to one parent or the other, or other such factors that were not addressed in this interview.

Nevertheless, one phenomenon that is apparent from

these data is that once a child is selected to fill a certain role, his or her adherence to that role is encouraged and maintained by other family members. Alison Wilson's dedication to her mother, and her total suspension of her own life during Linda's last illness, provided an opportunity for her family to live relatively free of Linda's demands. Roger now seems to feel guilt that he allowed such sacrifice, and compensates by giving Alison more material help than he gives the others. Robin Brown expresses the guilt she and her sister Sheila feel over the fact that after Evelyn died they did not attend to Cindy or help her in her struggles with Jack; it seems clear that Cindy's presence and Jack's focusing of his attention on her left Robin and Sheila relatively free of the need to attend to their father. The family also maintains Robin in her peacemaking role by confiding to her things they will not tell others in the family, and coming to her for unconditional acceptance. And in the Sheehan family, Chuck's assumption of the villainous role gives everyone a safe focus for the anger they feel at Myra.

Thus, the family is important in fostering the sacrifices these children make and in maintaining their internal struggle. What is unclear from these data is whether it is the family's pressure in the first place that determines who steps into these sacrificial roles, whether

individuals step into them because of constitutional traits, or whether these factors interact in the selection of saints and scapegoats.

Finally, to say that parents "use" their children to provide validation or a sense of self-worth is not meant as an indictment against these parents. In every family interviewed, the parents quite clearly loved their children, and in no case did any parents consciously intend to negatively affect their children's growth. In some cases, in fact, it seems to have been the child the parent loved most or felt closest to who received the mixed gift of the parent's dependence. Yet it must be acknowledged that families are conceived by parents and designed by parents in the ways that best meet their needs. It is not the children who decide what the family's style of behaving and relating will be. Children of course affect their parents, their siblings and the family structure, but they do this in the context of a set of rules and expectations that have already been determined. And this is appropriate, because children do not have the capacity to make such decisions or set such standards. But all parents design their families in the contexts of their own needs, influenced by the ways of behaving and relating that they carry with them from their own family experiences. And when these needs are excessive, and the ways of behaving

and relating do not provide adequate opportunity for growth and separation, it is the children who are affected by it and who in turn carry their own consequent needs into the families they will create and design.

### The Dampening of Affect as a Depressive Response to Loss

In the following section, the responses of two children who have not been discussed in previous sections will be considered. These two children presented an interesting response to the loss of the parent that is deserving of more detailed attention. Both Carol Sheehan and Michael Pratt were children who showed little emotional response when their parents died, and in whom a general turning away from affective experience is apparent now.

As Joffe and Sandler have theorized (1965), a possible response to internal pain is a depressive reaction, characterized by a "capitulation" to the painful state. Rather than experience the extreme discomfort of the painful state, the individual fends against affective experience by denying it entirely. This of course does not result in the attainment of a state of pleasure, for when affective experience is denied, positive feelings are also inhibited. Thus, what the individual experiences is a general state of depression characterized by "inhibition of drive and ego functions" (p. 421).

Carol Sheehan's and Michael Pratt's, responses are similar to what Joffe and Sandler describe. While Carol Sheehan comes from a family in which ambivalent feelings are split between the parents, and Michael Pratt comes from a family in which good and bad feelings about Lorraine are easily integrated, both seem to be responding to their losses in similar ways. I suggest that in Carol's case the depressive response is related to her inability to tolerate the internal conflict of ambivalent feelings about her father, while in Michael, it arises from his inability to tolerate the loss of the goodness in his relationship with his mother.

Although Carol Sheehan remembers little that was good in her relationship with John, it is evident from her descriptions that she was the recipient of some of his more loving feelings. Interestingly, she now totally denies any goodness in the relationship, saying instead that she does not remember her father well and that she has no idea in retrospect of how he felt about her. Her confusion is understandable, since John's erratic behavior must have inspired extreme fluctuations in his family's responses toward him. Yet in Carol's stories lie evidence that John at least sometimes behaved lovingly toward his youngest daughter. This does not come through clearly in Ellen's stories, even though John told her she was his favorite.



John seems to have appreciated Ellen for her adversarial responses to him, which made him respect her, rather than showing her real interpersonal warmth. With Carol, he was physically affectionate, holding her hand and holding her on his lap. She remembers with a compassion she can barely acknowledge that he was touchingly grateful for any gifts he received from his family. She remembers a time when he fell off a ladder, and despite the fact that he was injured and in pain immediately attended to his frightened daughters, explaining to them what had happened and reassuring them that he would be alright. It is only from Carol's stories that we can get any sense of John's humanity and the side of him that was not abusive.

Of course, John made Carol pay dearly for any affection he gave her. Her stories of his cruel teasing about her being overweight, and of his forcing her to play into his paternal fantasy by requesting that the pianist play "Daddy's Little Girl" inspire rage in the listener even though Carol relates them with characteristic calmness. And so, Carol's feelings about John are intensely ambivalent, in constant conflict between the rage she must have felt at his weakness and abusiveness, and the love and compassion she felt toward the more affectionate and vulnerable side of him.

Yet, Carol's affective response toward her memories

of John is totally suppressed in her current experience. While in her thoughts, she selectively attends to her negative feelings for John (in concurrence with the rule as it exists in her family), her feelings are a matter of total confusion to her. Her immediate response when Myra told her daughters that John was dead was to continue to watch television. For nearly a year she not only expressed no emotion over John's death, but avoided emotional involvement with her mother and other family members as well. Then, when Myra finally found Carol crying in her room, it was because she felt she did not know how to understand her relationship with her father, and did not know how she felt about him or how he felt about her.

Currently, the avoidance of affect and the depression that arises from it are still evident in Carol's experience. An excellent student who values academic achievement, she finds herself unwilling to work and deriving little satisfaction from her accomplishments. Although she gets so little satisfaction from her work, she cites it as more important to her now than romantic relationships, which she says she doesn't seek out. Although she idealizes her relationship with her mother, and calls Myra the most important person in her life, Myra finds Carol's occasional expressions of love surprising and gratifying, because they are not typical of Carol's style

of relating. And, in fact, her demeanor throughout the interviews is pleasant, but flat. Although she joins in the banter with her sisters, she also seems distant, objective and considering.

Joffe and Sandler's description of how the conflict of ambivalence may affect general affective experience seems very relevant here:

...no object is only hated or only loved. In simple ambivalence there is, on the one hand, the wish to maintain well-being in the self by ensuring the object's presence; on the other, there is a wish for it to disappear because it arouses feelings of unpleasure or pain in the self...if [the child's] ambivalence is intense, no state of his environment will be felt to be satisfactory to him, i.e., will be capable of producing feelings of well-being in the self (p. 412).

In fact, no achievement of her own and no other relationship does seem to be satisfactory to Carol now, and she has apparently responded to this unhappy state of unresolved ambivalence by turning away from pain--and unwittingly turning away from pleasure as well.

Michael Pratt's response to the death of Lorraine was also a general flattening of affective experience. When Tom awoke him early in the morning to tell him that his mother had died, Michael simply turned over and went back to sleep. He expressed little emotion during the months after the death, and for years displayed a general

lack of interest in his schoolwork, in friendships, or in any other activities in the outside world. He turned inward instead, collecting comic books about "mutants who save the world," reading fantasy novels, and beginning his own creative writing, but "never finishing what he started." Although his father and sister describe him as much improved now, making more friends and doing better in school, he suffers still from a general lack of energy and motivation, and, when asked what he would change about his life if he could, says that he wishes he had more energy to do more things.

Most striking in Michael's case is his total inability to remember good aspects of his relationship with Lorraine, coupled with his appearance of extreme grief when speaking of this inability. It is almost as if some other part of Michael is expressing itself nonverbally, while his voice expresses the more conscious part of his experience. And, like Carol Sheehan, what Michael believes he cries about is an absence of memory, rather than a presence of pain.

In Michael's case, the losses he suffered when Lorraine died seem to have been simply too painful for him to bear. According to Jan and Tom, Michael was special to Lorraine, and their relationship was a very good one. At the same time, Michael was so young when Lorraine's parents

moved in that his grandparents, retired from work and home all the time, were also very important figures in his life. When Lorraine died, he not only lost the special love he received from his mother, but also the presence and love of his grandparents--they not only moved out, but became inexplicably hostile toward the family. Further, while Lorraine's death provided Jan an opportunity to gain independence and maturity, and to become closer to a father whose personal characteristics were similar to her own, it resulted for Michael in a certain isolation imposed by his characterological differences from his father and sister. From being a special, focal individual in his mother's life, Michael became the odd one out in a family that, despite loving concern, was unable to provide him with adequate substitutes for what he had lost.

Further, given the grandparents' hostility, combined with the tendency of many small children to unconsciously blame themselves for the death of a parent (Arthur and Kemme, 1964), it is interesting to note that all Michael does remember of his relationship with Lorraine is "getting in trouble and having her punish me." This selective memory of his badness and his mother's retaliation is all he retains of the relationship he lost, and supports the idea that he might on some level feel responsible for her death and even blamed for it.



Both Carol and Michael seem to have responded to the pain of their losses by denying their grief, and consequently failing to adapt productively by restructuring their internal experience toward the individuation that Joffe and Sandler describe. Both, too, are people who display obvious talents and intelligence, and who are seen as worthy by their families, yet who are dissatisfied with their feelings about themselves and wish that they were different. Although the two had very different types of relationships with the parent who died, both shun affective experience now as a way of avoiding the internal pain consequent to the deaths of their parents.

#### Suicidality as a Response to Loss

It is quite remarkable that in so small a sample of families, two of the children interviewed became suicidal during the years after their parent's death. Although it is difficult to come to firm conclusions about what in these children's experience contributed to their suicidality, the reaction is so extreme that it warrants attention. The two children in question are Cindy Brown and Christopher Carver. While they have been considered in detail in earlier sections, here they will be briefly compared in an attempt to identify what factors in their stories might apply to both, and set them apart from the

other children in the study.

Both Cindy and Christopher have been described earlier as children who have adapted their identities to the needs of one or the other parent. Cindy, "practically physically attached" to Evelyn, was totally dependent on a mother who derived all of her self-esteem from her daughters' attachment to her; Cindy apparently never began to move toward independence, or even toward extra-familial activities, while her mother was alive. Christopher was required to be the admiring son to a father who needed all of the attention in his family, and feels inordinate guilt about his own adolescent anger at the way in which his father's neediness overwhelmed him. However, other children in the study adapted to parents' needs in similar ways. Why, then, did these two react to their parents' deaths in part with a wish to die, when Alison Wilson and Robin Brown, for instance, did not?

A possible explanation lies in the fact that both Cindy and Christopher had relationships with the surviving parent that also required them to deny their own needs and thus continued to limit the possibility of their independent development. Although Alison's and Robin's independent development is also compromised, they are held back at this point mainly by the internal conflict of ambivalence about their dead parents. Cindy and

Christopher are also held back by this internal conflict, but superimposed on that conflict is an equally intense ambivalence about the surviving parent, and a requirement that they meet the surviving parent's needs in the external world. And both in essence fail at this task, neither feeling able to make a new adaptation in identity, and neither having much internalized sense of goodness to draw upon in nurturing another.

Thus, it is possible that the double burden of maintaining an identity imposed by the dead parent's needs, while attempting to cope with the demands of the surviving parent's needs, is simply too overwhelming to bear. In Cindy's and Christopher's experience, this double burden may be the cause of despair, borne of a loss of hope in life's potential to offer them the sense of mastery and fulfillment that arises from the achievement of independent identity.

## C H A P T E R V

### CONCLUSION

This study has examined the ways in which families and the relationships within families affect children's intrapsychic adaptation to the loss of a parent. The detailed scrutiny of eight families, with attention to both family traits and the natures of the dyadic relationships within the group, has suggested three types of factors that can be highly influential in children's responses to loss: the nature of the relationship with the parent who died, the nature of the relationship with the surviving parent, and the nature of the family group. More specifically, the relationship with the parent who died tends to be problematic when the parent has in some way demanded that the child adapt his or her identity to the needs of the parent; the relationship with the surviving parent creates problems when the parent requires similar adaptation from the child after the death; and the family group can create problems when open communication about feelings is not allowed, when flexible change in response to the death is blocked, and when the family tends to split ambivalent

feelings between the two parents. These data further suggest that the existence of closed communication patterns, inflexibility and the splitting of ambivalence may be traced to the needs of one parent or both to be seen as fulfilling indispensable functions in the family.

In addition to the patterns of behavior and their interrelationships as noted above, two types of maladaptive reactions in children have been considered: the dampening of affective experience as a depressive response, and the existence of suicidality after the death. It is proposed that a depressive response may arise when internal conflict is too intense to be borne and the child opts for a turning away from affective experience rather than attempting to face the pain occasioned by the necessity of resolving the conflict. In the two cases considered, one child's internal conflict was occasioned by intensely ambivalent feelings about her dead father, and the other's by the loss of a special relationship with the parent who died, complicated by the loss at the same time of the grandparents who lived with his family until the death. The cases of two children who became suicidal after the death were also examined, and both were observed to have had intensely ambivalent relationships not only with the parent who died, but also with the surviving parent, so that the burden of unintegrated ambivalence had double



impact for them.

Because of the small sample of families involved in this study, certain important variables were not addressed, and these are vital areas to consider in further research. Because it was impossible to select a sample large enough to divide into categories based on sociocultural and socioeconomic variables, no systematic assessment of sociological variables in the response to loss was attempted. It is interesting to note that none of the eight families involved in the study cited religious beliefs as sustaining to them, and that none drew comfort from involvement in a larger community surrounding the family. As other investigators have suggested (Blauner, 1966), this trend away from ritualized mourning that involves religious and social communities places a tremendous burden on families and individuals in responding to an important loss. A more systematic investigation of the differences between those families that maintain involvement in larger communities and those that remain relatively isolated may reveal important differences among cultural groups. Also, such investigation might illuminate tendencies among certain groups to develop the types of relationships this study shows to be influential in the response to loss.

Again, because of the small sample involved, no

systematic analysis was made of the ages and sexes of the children, and how these factors might affect their responses to the loss of an opposite- or same-sex parent. A number of writers have cited the age and sex of the child as a key factor in his or her adaptation to the death (Barnes, 1964; Meiss, 1952; Nagera, 1970; Neubauer, 1960). This is an extremely important area for investigation, and should be done in the context of longer-term contacts with these children and their families so that the more profound aspects of their intrapsychic responses and changing relationships with their families can become accessible to observation.

Because of the one-interview format of this study, the families and individuals considered here were seen as if frozen to a point in time. While the interview attended to the changes that have happened over the time since the parent's death, these changes seemed difficult for the subjects to characterize as they attempted to summarize their experiences. As they looked back over their evolving feelings about the death, they were clearly rewriting history in the service of their needs to see their experiences in certain ways, as indeed most people do when reviewing the past. The data that emerge are nevertheless very useful as illuminations of what each person's current adjustment is like, and serve to reveal the different

perspectives among the children and parents in these families and to suggest how these unique individuals affect each other. Nevertheless, the optimal format for research of this kind is in a setting in which it is possible to see people over a longer period of time, so that the investigator may observe firsthand the changes that occur and the ways in which adaptation evolves.

The loss of a parent has been repeatedly demonstrated to be an experience that can disrupt adaptive development in children, with consequences that range from delinquency to depression to suicidality (Counts, 1967; Gelcer, 1983; Jensen and Wallace, 1967). Detailed analyses such as the one undertaken in this study are indispensable as inductive investigations that will provide the directions not only for further research, but also for clinical intervention. If such analyses can be undertaken more systematically, with access to larger populations available over a longer period of time (such as in community mental health clinics where relevant cases are likely to be seen), it will be possible in the future to assess family systems, identify children at risk, and intervene to alter maladaptive patterns and restore the potential for growth and change.

## APPENDIX

## APPENDIX A

### Instructions Given to Prospective Participants

The following procedures were followed during every phone contact with a prospective participant in the study:

- 1) An explanation of the study and what participation would involve was presented.

Because the participation in this study was time-consuming and demanding, I informed every prospective subject of what the study would involve before asking for detailed information about themselves. The explanation was as follows:

The purpose of this study is to look at the ways in which families adapt to the death of a parent. I believe that when a parent dies two important things happen. First, the family as a group must adapt to the death in a number of ways--financially, practical ways, such as dividing up the tasks the person who died used to do, and emotionally. Secondly, each person in the family must make a separate adjustment to the death. Because each individual in a family is unique, everybody has a different effect on the family; and, because each individual lives with the family group, every person's adjustment is affected by the group. I am interested in how the family's adjustment as a group, and each individual's adjustment, interact with each other.

Because I want to see how family groups and individuals affect each other, I would like to interview your family as a group, and then interview each person in the family. In interviewing people separately, I am not interested in getting people to tell me things that they would not be comfortable saying in front of their families. Rather, I would like to ask each person about how his or her adjustment was unique, and what it was like for him or her personally to experience this loss. Do you think that you and your family might be interested in



participating?

2) If the prospective subject expressed interest, a determination to participate was made. I asked first who had died and when, how many children were in the family and what their ages were, and who had been living at home at the time of the death. If at least one child had been living at home when the parent died, and if the surviving parent and at least one child would agree to participate, I judged the family to be appropriate for the study. In addition, I informed the subject that the material addressed in the study might be painful to talk about, and that for that reason I would not interview children who were currently under ten years of age.

3) If the prospective subject was appropriate for the study, an appointment was arranged.

## APPENDIX B

### Informed Consent Form

My participation in this study will consist of an interview in which I will take part with my family, and another, briefer interview with just myself and the interviewer. I understand that the questions I will be asked will concern my reactions and my family's reactions to the death of my (parent/spouse). I know that some of the questions I will be asked may bring up feelings or memories that are difficult for me. I also understand that I may refuse to answer any question, and that I may leave at any time I wish to end my participation in the study. If I do decide to leave or to decline to answer a question, I will not be penalized in any way.

For UMass students only: I understand that I will receive one experimental credit for each hour I participate in the study, up to three credits. If I decline to answer a question, or if I leave before completing the interviews, I will still receive one credit for every hour or portion of an hour I participated.

I understand that the interviews will be audiotaped and then transcribed. All the information I provide in this study will be kept strictly confidential, and tapes and transcripts will be identified with a number instead of a name. If information I provide is used for publication, my name, my family's names, and other identifying information will be altered to protect our identities.

At the end of my participation, I may ask any questions of the interviewer, and at that time I will receive a written explanation of the study. Further, if I alone or my family as a group wish to speak to someone further about the experiences discussed in this interview, I or we will be given a referral to an individual or family counselor or to other appropriate services.

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Signature of participant

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Date

## APPENDIX C

### Protocol for Structured Interview--Family

#### I. Family life

A. Describe a typical day in the life of your family, and tell me how such a day has changed since (mother/father)'s (illness/death)

1. Who gets up first
2. Who makes the meals
3. Who does the housework and other types of chores
4. Who goes to bed first

B. What do you do for recreation since (mother/father) died, and how has this changed since the illness/death)

1. In the evenings
2. On weekends
3. Do you spend much time together
4. Do you each spend much time alone, or with your own friends
5. What is each family member's favorite thing to do with the family
6. What is each family member's favorite thing to

do without the family

C. What does (surviving parent) do for a living

1. Has this changed since (mother/father) (died/  
got sick)

2. Is the family stable financially

a. Has this changed since (mother/father)  
(died/got sick)

D. How are the kids doing in school (ask about each  
child)

1. Has this changed since (mother/father) (died/  
got sick)

E. All families have some conflicts, some things  
family members argue about or disagree on. What  
are the things your family is most likely to argue  
about or disagree on

1. Has this changed since (mother/father) (died/  
got sick)

F. Do you have any grandparents or any family members  
you are close to

1. Where do they live

2. How often do you see them

3. Who is closest to (each one)

4. Do they help the family, and, if so, how

5. Has this changed since the (death/illness)

II. Parent's death

A. How old was (he/she) when (he/she) died

1. How old was each child

2. How old was (surviving parent)

B. What was the cause of the death

1. Was it expected

2. Did it occur when it was expected

C. Was it a long illness

1. How long

D. Who had responsibility in caring for (him/her) during the illness

E. What was (mother/father) like as a person

1. What did (he/she) do

2. Did (he/she) change during the illness

a. How

III. The family's experience of the death

A. Was anybody with (him/her) when (he/she) died

1. Who

B. Who told you (he/she) was dead



1. Do you remember what (he/she) said
2. Try to describe how you felt when you heard  
(ask each)

C. Who, if anyone, saw (mother/father) after  
(he/she) died

1. Did you want to (ask each)

D. What were your reactions when you were told of  
the death

1. Who notified relatives

- a. Did any relatives stay with you

2. Who seemed most upset

- a. What was their reaction

3. Who got the most attention

4. What was the funeral like for you (ask each)

- a. Who comforted whom

- b. Who cried most--least

#### IV. Relationships with the dead parent

A. Who was closest to (him/her)

1. Did this change during the illness

B. Who fought most with (him/her)

1. What about

2. Did this change during the illness

- C. Who in the family is most like (dead parent)
1. Did this change during the illness or since the death

- D. Who in the family is least like (dead parent)
1. Did this change during the illness or since the death

V. Relationships with surviving parent

- A. (To each child) Has your relationships with your (surviving parent) changed much since (mother/father) (died/got sick)
1. Did this also change while (mother/father) was sick

VI. Family changes

- A. Have any other major changes occurred in the family since (mother/father)'s (death/illness)
1. Has anyone else died or become ill
  2. Have there been any divorces or job losses
    - a. Other misfortunes
- B. Who has taken over jobs and responsibilities that (mother/father) used to handle
- C. Have any of the relationships among you changed since the (death/illness)

1. In what ways
- D. Does anybody in the family currently have any health problems
1. Trouble sleeping--nightmares
  2. Stomach problems
  3. Headaches
  4. High blood pressure
  5. Unusually frequent colds or flu
  6. Loss of energy
  7. If yes to any of the above, when did this begin
- E. Does anybody in the family currently have any mood problems
1. Depression
  2. Anxiety about specific things
  3. Anxiety about nothing you can identify
  4. Afraid of becoming ill or dying
  5. If yes to any of the above, when did this start

## APPENDIX D

### Protocol for Structured Interview--Surviving Parent

- A. Would you briefly describe your relationships with each of your children
  - 1. Who is of most help to you
  - 2. Who is the most comfort to you
  - 3. Whom are you most worried about
  - 4. Who is most loving toward you
  - 5. Who is most like you
  - 6. Who is most like (dead parent)
  - 7. Has this changed since your (husband/wife) died
- B. What worries you most about your children's adjustments to the death
  - 1. Is there anything you think they might gain by it
- C. Are you considering or would you consider remarriage
  - 1. How do you think this might affect your children
    - a. Who would be most upset
    - b. Who would be happiest
- D. What was your marriage like
  - 1. Did you get angry with (him/her)

- a. What about
  - b. In front of the children
  - c. Did this change during the illness
- E. Do you have any physical problems or mood problems
- 1. How is your mood in general
  - 2. Your social life
  - 3. Has your health or your mood in general changed much since the death
  - 4. What are your plans for the future
    - a. Is this what you would have predicted before your (husband/wife) died



## APPENDIX E

### Protocol for Structured Interview--Each Child

#### A. What is your life like now

1. What grade are you in
  - a. Do you like school
2. How is your social life
3. Are you living at home, or in a dorm or apartment
4. Do you date much
5. What do you like most that you do
6. What would you like to change about your life

#### B. Describe your relationship with your (dead parent)

1. Did you get along with (him/her)
  - a. Did you ever fight with (him/her)
  - b. What about
2. What was the best thing about your relationships
  - a. What was the worst thing
3. Do you wish the relationship had been different
  - a. In what ways
4. Do you think you are (like/unlike) your (mother/father)
  - a. In what ways

- b. Would you like to be like (him/her)
  - 5. Do you ever dream about (him/her)
    - a. What are your dreams like
- C. What is your relationship with your (surviving parent) like
  - 1. Do you ever get angry with (him/her)
    - a. What about
    - b. What does (he/she) say or do when you get angry
  - 2. What is the best thing about your relationship
    - a. What is the worst thing
  - 3. Do you wish your relationship were different
    - a. In what ways
  - 4. Do you think you are (like/unlike) your (mother/father)
    - a. In what ways
    - b. Would you like to be like (him/her)
- D. What has been the worst thing for you about your (mother/father)'s death
- E. Describe your parents' relationship
  - 1. Do you wish it had been different
    - a. In what ways
- F. Has your relationship with your (surviving parent) changed since your (mother/father)'s death

1. In what ways
  2. Have your relationships with your siblings changed
    - a. In what ways
  3. Have your relationships with anyone else changed
    - a. In what ways
- G. How do you see yourself in relation to your family
1. What do you do that nobody else does
  2. What do people depend on you for
  3. What do you depend on others for
  4. How has this changed since the death
- H. What do you plan to do in the next few years
1. Are you happy with your plans
  2. How do you think your (mother/father)'s death has affected your plans

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